

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**20889**

**1. PLACE OF DEATH**

24 County Gray  
Township Fishing River  
City Excelsior Springs Mo

Registration District No. 198  
Primary Registration District No. 3011

File No. \_\_\_\_\_  
Registered No. 94  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Woods  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21-1853  
7. AGE YEARS 78 MONTHS 4 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal miner  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11  
10. Date deceased last worked at this occupation (month and year) about 6 yrs 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME John Woods

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Charles Woods

18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Springs Mo DATE 6-29 1931

19. UNDERTAKER (ADDRESS) Hebert Hap

20. FILED 6/29 1931 Y. D. O'Brien Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/28 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1 1931, to June 27 1931.  
I last saw him alive on June 27 1931. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage Date of onset \_\_\_\_\_

arteriosclerosis

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Biopsy. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1931

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) O. B. O'Brien M. D.  
(Address) Excelsior Springs Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

ALL 23 1931

Ala. most 44  
..exigent, time c/f. or. team and State)

21

No. .... Requested No. .... (Mtg)

File No. ....

HEALTH  
STATISTICS  
OF HEALTH

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