

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

Do not use this space  
**25640**

**1. PLACE OF DEATH**

County Boone  
Township Bourbon  
City Boone (No. 10)

Registration District No. 79  
Primary Registration District No. 5116

File No. 2.6  
Registered No. 2.6  
St. Boone Ward 1

**2. FULL NAME**

Thos. A. Woods  
(a) Residence, No. 2 1/2 mi. S.W. Surgeon Mo. Ward. 1  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced Julia Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-13-1857

7. AGE YEARS 79 MONTHS 0 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Boone Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME Barney Woods

14. BIRTHPLACE (CITY OR TOWN) Boone Co. Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME X

16. BIRTHPLACE (CITY OR TOWN) X (STATE OR COUNTRY)

17. INFORMANT John Woods, son (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Interred in PLACE Boone Co. Mo. DATE Aug 11-1933

19. UNDERTAKER James W. Barnes (ADDRESS) Surgeon Mo.

20. FILED Aug 10-1933 E. N. Gentry Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10-1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10-1933, to X, 1933

I last saw h. X alive on X, 1933 Death is said

to have occurred on the date stated above, at 2:30 a.m.

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

Acute indigestion Date of onset

Other contributory causes of importance:

Name of operation X Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury No

Where did injury occur? No (Specify city or town, county, and State)

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

Manner of injury No

Nature of injury No

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

If so, specify No

(Signed) E. L. Davis, Coroner M.D.

(Address) Columbia Mo

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



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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Boone  
Township Burton  
City Thad. Shads (No.       )

Registration District No. 29  
Primary Registration District No. 5716

File No. 26  
Registered No.         
St.        Ward       

2. FULL NAME

(a) Residence, No.        St.        Ward         
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX        4. COLOR OR RACE        5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)       

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF       

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)       

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.       

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.       

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.       

10. Date deceased last worked at this occupation (month and year)       

11. Total time (years) spent in this occupation       

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

13. NAME       

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

15. MAIDEN NAME       

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)       

17. INFORMANT (ADDRESS)       

18. BURIAL, CREMATION, OR REMOVAL       

PLACE        DATE        19.       

19. UNDERTAKER (ADDRESS)       

20. FILED 8/10/1903 E. N. Gentry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1903

22. I HEREBY CERTIFY, That I attended deceased from        to       , 1903

I last saw him alive on       , 1903. 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:

Acute indigestion Date of onset       

Other contributory causes of importance:

Inferiority of food with  
inaction & exertions

Name of operation        Date of       

What test confirmed diagnosis?        Was there an autopsy?       

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?        Date of injury       , 1903

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?       

If so, specify       

(Signed)       , M. D.

(Address)

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