

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

1 PLACE OF DEATH

Buchanan.

County

Township

or

Village

or

St. Joseph,

City

Registration District No. 85

File No. 36841

Primary Registration District No. 1001

Registered No. 1707

1607 South 9 Str

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Elizabeth Woods

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widow

6 DATE OF BIRTH February 27 1844 (Month) (Day) (Year)

7 AGE 72 yrs 9 mos 1 ds IF LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Household (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Ireland

10 NAME OF FATHER William Corby

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Gunion

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

John Woods
(Address) 1607 So. 9th St

15

Filed

Nov 30 1916 D. O. Keeey Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 28 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 20 1916 to Nov 27 1916 that I last saw her alive on Nov 27 1916 and that death occurred, on the date stated above, at 12:00 a.m.

The CAUSE OF DEATH* was as follows:

Bronchitis pneumonia

107A/1

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

8 (Signed) L. J. Guderian M. D.

Nov 18 1916 (Address) Physician

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL Nov. 30 1916

20 UNDERTAKER

H. O. Schindler

ADDRESS

215 W. 10th St

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.

