

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

21235
3068

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No. _____
Township Kaw Primary Registration District No. 1002 Registered No. _____
City Kansas City (No. Christian Church Hospital) St. _____ Ward _____

2. FULL NAME ISAAC B. WOODBURY
(a) Residence, No. 2437 Elmwood Ave. St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
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.

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 Mary Woodbury

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unk 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Mass.

10. NAME OF FATHER Isaac B. Woodbury

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Mass.

12. MAIDEN NAME OF MOTHER Abbie Puttman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Mass.

14. INFORMANT Frank Woodbury
(Address) 2437 Elmwood Ave.

15. FILED 7/25/22 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/24/22 1922

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1922 to July 24, 1922
that I last saw him alive on July 24, 1922 and that death occurred, on the date stated above, at 9:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia + Acuria
13 1/2
13 1/2
13 1/2 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Pyelonephritis, Chronic
Metastatic Stricture (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms & clinical findings
(Signed) J. Edward Byrnes, M.D.
7/25, 1922 (Address) 403 Waldheim Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wt Washington DATE OF BURIAL 7-26 1922

20. UNDERTAKER Stine McClellan ADDRESS 924 Oak

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.

Pay 21235-3068

