

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

32573

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 126 S. Van Brunt Blvd.)

File No. _____
Registered No. 4524
St. _____ Ward _____

2. FULL NAME

THOMAS JEFFERSON WOODLING

(a) Residence No. 126 S. Van Brunt Blvd. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28, 1839

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>83</u>	<u>4</u>	<u>2</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Contractor
(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) Ill.

PARENTS

10. NAME OF FATHER David Woodling

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

12. MAIDEN NAME OF MOTHER Margaret unk

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

14. INFORMANT Mrs. C. F. Woodling
(Address) 126 S. Van Brunt, K.C. Mo.

15. FILED 12/1/22 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-30-22 19 22

17. I HEREBY CERTIFY, That I attended deceased from Nov - 10, 1922, to Nov - 27, 1922
that I last saw him alive on Nov 20, 1922, and that death occurred, on the date stated above, at 7:55 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Entertained Respirator
131
97A (duration) yrs. mos. ds.

CONTRIBUTORY Myocardial Regurgitation
(SECONDARY) Heart Failure (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Urinal & chemical
(Signed) J. B. Evans, M. D.
12/1, 1922 (Address) 201 Argyle

*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 Forest Hill DATE OF BURIAL _____ 19 _____
20. UNDERTAKER Stine & McClure Co. ADDRESS 724 Oak 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.

