

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

Do not use this space.

0131

1. PLACE OF DEATH

County Mo. Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. _____) St. _____ Ward _____

File No. 1305
Registered No. _____

2. FULL NAME

Jinnie Woods
(a) Residence No. 2732 Stoddard St. 21 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 Female 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4th 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>50</u>	<u>5</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Greenville
(STATE OR COUNTRY) Miss.

10. NAME OF FATHER Levy Holland

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT Olvin Duncanson
(Address) 2732 Stoddard St

15. FILED FEB -7 1927 Mar. Starnes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2nd 1927

17. I HEREBY CERTIFY That I attended deceased from July 2nd 1927 to July 2nd 1927, that I last saw him alive on July 25th 1927, and that death occurred, on the date stated above, at 2732 Stoddard St

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
apoplexy
1/4 hr
1927

CONTRIBUTORY (SECONDARY) hypertension

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? Clinical finding
(Signed) J. F. Winkler, M.D.
, 19 (Address) 2732 Wash.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Washington Park Cemetery 7/8th 1927

20. UNDERTAKER ADDRESS

Dement & Walton 2700 Wash 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.

THIS IS A PERMANENT RECORD

