Fen 0731

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

Do not use this space.

8357

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002 — File No.

City Kansas City (No. 2935 Kensington St. Ward) — Registered No. 1211

2. FULL NAME George M. Woodley

(a) Residence. No. 2935 Kensington 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 1-1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	78	5	20	

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) Bushnell (STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT L. A. Woodley (Address) 2935 Kensington

15. FILED 3/22, 1927 M. M. Crowl Asst. REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1927, to Mar. 21, 1927 that I last saw him alive on May 16, 1927, and that death occurred, on the date stated above, at 6:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

131 Aortitis

93C

85 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr. interstitial nephritis

Epilepsy (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 W

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) John R. Lewis, M.D.

3-22, 1927 (Address) 3546 Indiana

*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
Forest Hill	23/23.27
20. UNDERTAKER	ADDRESS
R W Lindsay & Son	City

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.

...UNFADING INK—THIS IS A PERMANENT RECORD