2 1 1928

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

Do not use this space.

23110

1. PLACE OF DEATH
County Buchanan
Township Washington,
City (No. Maxwell Heights, St. Ward)
Registration District No. 86
Primary Registration District No. 5127
File No.
Registered No. ~~44~~ 45

2. FULL NAME Patrick Henry Woods,
(a) Residence. No. Maxwell Heights, St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 12 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 Emma C. Woods,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 22, 1848

7. AGE: Years 80 | Months 3 | Days 28 | If LESS than 1 day, hrs. or min.

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) Fruit Grower,
(c) Name of employer Self,

9. BIRTHPLACE (CITY OR TOWN) Hartford,
(STATE OR COUNTRY) Connecticut,

PARENTS

10. NAME OF FATHER Unknown,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ireland,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ireland,

14. INFORMANT Mrs. P. H. Woods
(Address) R.F.D.# 6, St. Joseph, Mo.

15. FILED July 21 1928 J. J. Burns
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1928

17. I HEREBY CERTIFY, That I attended deceased from April 26, 1928, to July 20 1928, that I last saw h. alive on July 20 1928, and that death occurred, on the date stated above, at 6:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tubercular Laryngitis
23A
105B (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ulcer on Larynx
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? no
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. E. Smith, M. D.
July 21, 1928 (Address) Smithville, Mo.

*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: Green Cemetery,
DATE OF BURIAL: July 21 1928

20. UNDERTAKER: Heaton-Bryant-McBournum
by J. H. Ford
ADDRESS: 319 S. 10 St.
Funeral Home

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.

C.F.N. 4, 84.2000p. 10. CLOW COOOOOM,

IBOTUM,
EPHROSI,
MUSEUM,
IBOTUM,
MUSEUM,

MUSEUM,
GRANDSTAND,
EXPERIMENT,
BOTH,
EXCIT GRAND,

MOSTLY,

CO 8 CB

LOW CO. ROOD

EXP C. LOOD,

ROTO LOTOS LOTUS,

ROTO LOTUS,

FG

LOOKOUT LOTUSFO,
BUFFET LOTUS LOOD,

LOOKOUT MOTUS,

LOUNGEFOR,
MUSEUM