

WHITE COPY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

EB 22 1929

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.

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

Do not use this space.
1287

1. PLACE OF DEATH
County Hot Registration District No. 368
Township Lincoln Primary Registration District No. 4214
City Corning (No.) St. Ward)
2. FULL NAME Henry Hamilton Woodring
(a) Residence No. St. Ward.
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Martha J. Woodring
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 5 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 26
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hotel Keeper
(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) Kentucky
10. NAME OF FATHER Allen Woodring
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Lycia Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. J. J. Woodring
(Address)
15. FILED 2-2-29 Lloyd A. Jenkins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31 1929
17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw him alive on 19..... and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Some Nerv. Lesion. Had not been ill. Died naturally.
CONTRIBUTORY (SECONDARY) 90 B yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS?.....
(Signed) Owen H. ... M. D.
, 19 (Address) 7 ...

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, Cause, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Mt Hope Cemetery Corning near Feb 2 1929
20. UNDERTAKER ADDRESS
Asa L. Schober Corning

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