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

Do not use this space.

8689

File No. .....

Registered No. 14645

1. PLACE OF DEATH
County Jackson Registration District No. 5.03
Township Raw Primary Registration District No. 1001
City Kansas City (No. 2425 Troost St. ..... Ward)

2. FULL NAME Nettie C. Woodard
(a) Residence. No. 2425 Troost St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 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)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fowlie Woodard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 27th 1903

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
26	3	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Arkansas

PARENTS
10. NAME OF FATHER Ira Gibson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Arkansas
12. MAIDEN NAME OF MOTHER Martha Rice
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Fowlie Woodard
(Address) 2425 Troost Ave

15. FILED 3/9, 1930 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8th 1930

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1930, to March 8, 1930, that I last saw him alive on March 7, 1930, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brain abscess or Local meningitis
89B
79A
78A (duration) yrs. 1 mos. ds.
CONTRIBUTORY (SECONDARY) Mastoid infection
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF January
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? History
(Signed) H. A. Gustafson, M. D.
Mar 9. 1930 (Address) 303 Wyandotte Bldg

*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
Memorial Park	3-10 1930
20. UNDERTAKER	ADDRESS
Fairweather-Werner	814 N. 7th KCKs

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.

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