

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

Do not use this space.

1460

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City Kansas City, Mo (No. 205 East 35th) St. _____ Ward _____

File No. _____
 Registered No. 292

2. FULL NAME Mrs. Ida W. Wooddy

(a) Residence, No. 205 East 35th St. 5 Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 13 yrs. mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 25 1858</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>6</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>At home</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-19-1931
 17. I HEREBY CERTIFY, That I attended deceased from April 1929 to Jan 19 1931 that I last saw h. alive on Jan 19 1931, and that death occurred, on the date stated above, at _____ a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute myocarditis
 (duration) _____ yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) La grippe - High - Paralysis
acute Rheumatism of jaw joint
arterio-sclerosis
 (duration) _____ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

PARENTS

10. NAME OF FATHER <u>Webster</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ms</u>
12. MAIDEN NAME OF MOTHER <u>Don't know</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>

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? physical examination
 (Signed) H. C. Muller M. D.
Jan 19 1931 (Address) 920 Angyle St

14. INFORMANT R. L. Wooddy
 (Address) 205 E. 35th St.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL 1-21-31

15. FILED Jan 20 31 M. M. Crow REGISTRAR
W. W.

20. UNDERTAKER Freeman Mortuary ADDRESS K. C. Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Angyle Bedg.

3-6