

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

Do not use this space.

10935

**1. PLACE OF DEATH**

74 County Atchison  
Township Patk  
City Maryville (No. 1)

Registration District No. 620  
Primary Registration District No. 3031

File No. \_\_\_\_\_  
Registered No. 28  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Marian J Woods  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Allie Woods</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 7 - 1869</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>6</u>
	DAYS <u>6</u>	IF LESS than 1 day, .....hrs. or .....min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>755</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Jowes (STATE OR COUNTRY) 2

PARENTS	10. NAME OF FATHER <u>Samuel Woods</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	12. MAIDEN NAME OF MOTHER <u>Haney Marsh</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>

14. INFORMANT Mrs Allie Woods  
(Address) Maryville Mo

15. FILED 3-16-1931 C. P. Freyer REGISTRAR  
M.E.C.

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 12 1931

17. I HEREBY CERTIFY, That I attended deceased from 4th 1928 to Mar 13 1931 that I last saw h. alive on Mar 11 1931, and that death occurred, on the date stated above, at 10 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Coronary Sclerosis  
Myocardial Degeneration  
Achromegaly  
Endocardial Dystrophy (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 65 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH same

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) H.M. Hall M. D.  
, 19 (Address) Maryville Mo

\*State the DISEASE CAUSING DEATH, or if 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 <u>Marian Cem</u>	DATE OF BURIAL <u>3-15-1931</u>
20. UNDERTAKER <u>Price Furn Co Maryville</u>	ADDRESS

K. 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.

WRITE FULLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

