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

Do not use this space.

19851

File No.
Registered No.

1. PLACE OF DEATH

County: Jasper — Registration District No. 408
Township: Marion — Primary Registration District No. 3020
City: Carthage (No. , St. Ward)

2. FULL NAME: Willie Woodward

(a) Residence, No. 703 Pearl St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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: Emory Woodward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 5, 1901

7. AGE: Years 31 | Months 11 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe-cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 86
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Batesville Arkansas

FATHER

13. NAME: J. D. H. Woodward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hilton County Kentucky

MOTHER

15. MAIDEN NAME: Lula Hale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hilton County Hilton County

17. INFORMANT: J. D. H. Woodward
(ADDRESS) 703 Pearl Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cedar Tree Cem. DATE: June 14, 1932

19. UNDERTAKER: Knell Mortuary
(ADDRESS) Carthage Missouri

20. FILED: June 14, 1932 O. H. Ritchson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1932, to June 11, 1932
I last saw h. alive on June 9, 1932. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1932
23A	
23B	

Other contributory causes of importance:

Name of operation: (1) Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. E. Byrd, M. D.
(Address) Carthage, Missouri

JUL 28 1932

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.