

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

Do not use this space.

26673

**1. PLACE OF DEATH**

58 County Linn Registration District No. 496  
1 Township Brookfield Primary Registration District No. 3025  
7 City Brookfield (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 69

**2. FULL NAME**

(a) Residence, No. 1208 N main St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
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.

**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 OR <u>Loyal A Bistly or cousin</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 5-1851</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>80</u>	<u>8</u>	<u>28</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) <u>July 31-32</u>		11. Total time (years) spent in this occupation <u>50</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>				
FATHER	13. NAME <u>John H. Woodside</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>York, Pa. 15</u>			
	15. MAIDEN NAME <u>Mary E. Stinson</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>York, Pa.</u>			
	17. INFORMANT (ADDRESS) <u>Mrs V. A. Stinson</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Massy mrr</u> DATE <u>Aug 5 32</u>				
19. UNDERTAKER (ADDRESS) <u>Arthur J. Ballins</u>				
20. FILED <u>8-4</u> 19 <u>32</u> <u>E. Jenkins</u> Registrar.				

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1932, to Aug 3, 1932. I last saw her alive on Aug 3, 1932. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage (Pt Hemiplegia)

Other contributory causes of importance:  
E. A. B. D. J. P. A.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical Was there an autopsy? No

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) Gene Evans M. D.  
(Address) Brookfield, Mo

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. SEP 24 1932

