

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

Do not use this space.

36947

PLACE OF DEATH

County Jefferson

Registration District No. 4250

Township Wells

Primary Registration District No. 5574

City St. Louis (No. 50)

St. _____ Ward _____

File No. _____

Registered No. 94

2. FULL NAME Arthur Woodson
 (a) Residence, No. _____ 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>male</u>	4. COLOR OR RACE <u>cold</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Emily Woodson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-22-1882</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>11</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		11. Total time (years) spent in this occupation _____
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) _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Caples Springs Mo</u>		
13. NAME <u>Edward Woodson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson Mo</u>		
15. MAIDEN NAME <u>Ellen Cole</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson Mo</u>		
17. INFORMANT <u>Alfred Woodson</u> (ADDRESS) <u>321 S. Main St. St. Louis Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>Dec 5 1933</u>		
19. UNDERTAKER <u>J. Charles Woodson</u> (ADDRESS) <u>171 Webster Ave. St. Louis Mo</u>		
20. FILED <u>171</u> 1933 <u>D. H. Hargrett</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30-1933

22. I HEREBY CERTIFY That I attended deceased from Nov 15, 1933, to Nov 30, 1933
 I last saw him alive on Nov 29, 1933 Death is said to have occurred on the date stated above, at 1:50 p. m.
 The principal cause of death and related causes of importance were as follows:
Influenza Date of onset 11/15/33
Coalescing lobar pneumonia 11/20/33
 Other contributory causes of importance:
11 A | 10
107 A |
 Name of operation none 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) F. A. Elders, M. D.
 (Address) De Soto 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.

