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.

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

JAN 18 1935

Do not use this space.

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No. 43229
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. 104 East 34th Street Terrace St. Ward)

2. FULL NAME Mrs. Mary Woodworth
(a) Residence, No. 104 East 34th Street Terr. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct, 6. 1845.

7. AGE: YEARS 89 — MONTHS 2 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
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): Kentucky

FATHER
13. NAME: Reuben Cobb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Frances Hardin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mrs. R. D. Shore, 104 East 34th St. Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bates City, Mo DATE Dec. 28 1934

19. UNDERTAKER (ADDRESS): Freeman Mortuary & Chapel, 104 West 42nd Street

20. FILED 12-28 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934, to Dec 26, 1934
I last saw her alive on Dec 26, 1934 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile	
Myocarditis - Chronic	

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? — 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?
If so, specify no
(Signed) R R Loffey, M. D.
(Address) 1103 Grand

100M-11-24-33

Ralph R. Coffee

12,30 - 5

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