

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.

JUN 26 1935

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

Do not use this space.

17240

1. PLACE OF DEATH

County my madrid  
Township gouis  
City Lilburn (No. ....)

Registration District No. 274  
Primary Registration District No. 4063

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME Arvel woods

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-9-1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
21 2 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Candler Miss

13. NAME Arvel woods

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Candler Miss

15. MAIDEN NAME Lola Francis Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Candler Miss

17. INFORMANT (ADDRESS) Arvel woods Lilburn Miss

18. BURIAL, CREMATION, OR REMOVAL PLACE my dia DATE 5-24 1935

19. UNDERTAKER (ADDRESS) German funeral co Stell Miss

20. FILED June 1, 1935 E. E. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-23 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1935, to 5-23 1935. I last saw him alive on 5-23 1935. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

leakage of blood Date of onset

92a

Other contributory causes of importance:

Name of operation 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) Gruenewald, M. D.  
(Address) Lilburn Miss

1935-3-23

1914-3-9

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21-2-14