

JUL 17 1936

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

Do not use this space.

19702-1

1. PLACE OF DEATH

County Callaway
Township Jackson
City (No. _____) _____

Registration District No. 102
Primary Registration District No. 3150

File No. 111
Registered No. 263
St. _____ Ward _____

2. FULL NAME

James Stone 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harriet Woodson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 28, 1849.</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>2</u>
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Andrain Co., Mo.</u>	
FATHER	13. NAME <u>David Woodson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Palmyra, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Polly Canterbury</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrain Co., Mo.</u>	
17. INFORMANT (ADDRESS)	<u>W. A. Woodson</u> <u>Bachelor, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Augusta</u>	DATE <u>June 20</u> 19 <u>35</u>
19. UNDERTAKER (ADDRESS)	<u>Hughes Maripin</u> <u>Sand Valley, Mo.</u>	
20. FILED <u>6/20</u>	19 <u>35</u> <u>Mo. H. Thomas</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18th, 1935

22. I HEREBY CERTIFY That I attended deceased from April 15, 1934, to June 18, 1935
I last saw him alive on June 17, 1935. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

Cystitis
General Peritonitis
Date of onset _____

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) P. B. Nichols M. D.
(Address) Augusta, 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.

