

APR 23 1936

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

Do not use this space.

10807

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Jean Primary Registration District No. 1002  
City Kansas City (No. 2C General Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1481  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Gladys Woodruff  
(a) Residence, No. 1327 Street \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
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) Alabama13. NAME James Anderson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama15. MAIDEN NAME Beatrice O'Neal16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama17. INFORMANT Peura Clark  
(ADDRESS) 2C Gen Hosp 2Crm18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE March 20 193619. UNDERTAKER Quirk & Johnson Co.  
(ADDRESS) 20 W. Woodward20. FILED Thon 1936 M. M. Grove  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15 193622. I HEREBY CERTIFY, That I attended deceased from 3-15 1936 to 3-15 1936I last saw him alive on 3-15 1936 Death is said to have occurred on the date stated above, at 7:45 am

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

Empyema; Toxic nephritisOther contributory causes of importance: 146 Post Partum - delirium - ended 3-17-36

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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 \_\_\_\_\_

(Signed) [Signature] M. D.  
(Address) 2C Gen Hosp

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.

