

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 9 1936

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

Do not use this space.

24223

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. **BARNES HOSP**)

File No. **5832**

Registered No. ....

St. .... Ward)

2. FULL NAME

*Mamie Woodard*

(a) Residence, No. **2924 Delmar** St., **21** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **3** 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 *Cal* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 5 - 1889*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *47 45 0 18*

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

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) *Delhi La.*

13. NAME *Jake Grishy*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *La.*

15. MAIDEN NAME *Mary Jane*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *La.*

17. INFORMANT (ADDRESS) *Annie Wicks 2926 Delmar Blvd.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Pioneer La.* DATE *6-5-36*

19. UNDERTAKER (ADDRESS) *Wm. Funeral Home 2820 Woodward St.*

20. FILED **JUN 4 1936** *J. Ruedcke* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-2 1936*

22. I HEREBY CERTIFY, That I attended deceased from *5-26 1936* to *6-2 1936*

Last saw her alive on *6-2 1936* Death is said to have occurred on the date stated above, at *4:05* p. m.

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

*Pulmonary Embolism* Date of onset *1398*

Other contributory causes of importance:

*Pelvic Abscess caused by spontaneous perforation of Bowel Canal Unknown*

Name of operation *Removal of Pelvic Abscess* Date of *5-22-36*

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) *W. J. Jensen*, M. D.

(Address) **BARNES HOSPITAL**

Cal 460

