

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

Do not use this space.

36674

NOV 27 1936

1. PLACE OF DEATH

County Boone
 Township Columbia
 City Columbia (No.)

Registration District No. 73
 Primary Registration District No. 3006

File No.
 Registered No. 270
 St. Ward)

2. FULL NAME Eather Woods

(a) Residence, No. 28 Indiana Ave. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/3/36 19

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

22. I HEREBY CERTIFY, That I attended deceased from Birth, 19, to 10/4/36, 19.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-21-1936

I last saw him alive on 10/2/36, 19. Death is said to have occurred on the date stated above, at 2 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 12

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

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

Broncho pneumonia
 Date of onset

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Missouri

Imitation

13. NAME William Woods

Name of operation Date of

14. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Missouri

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Eather Robinson

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

16. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Missouri

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT Eather Woods (ADDRESS) Columbia Missouri

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calumet 10-9 1936

Manner of injury

19. UNDERTAKER Stuart J. Parker (ADDRESS) Columbia Missouri

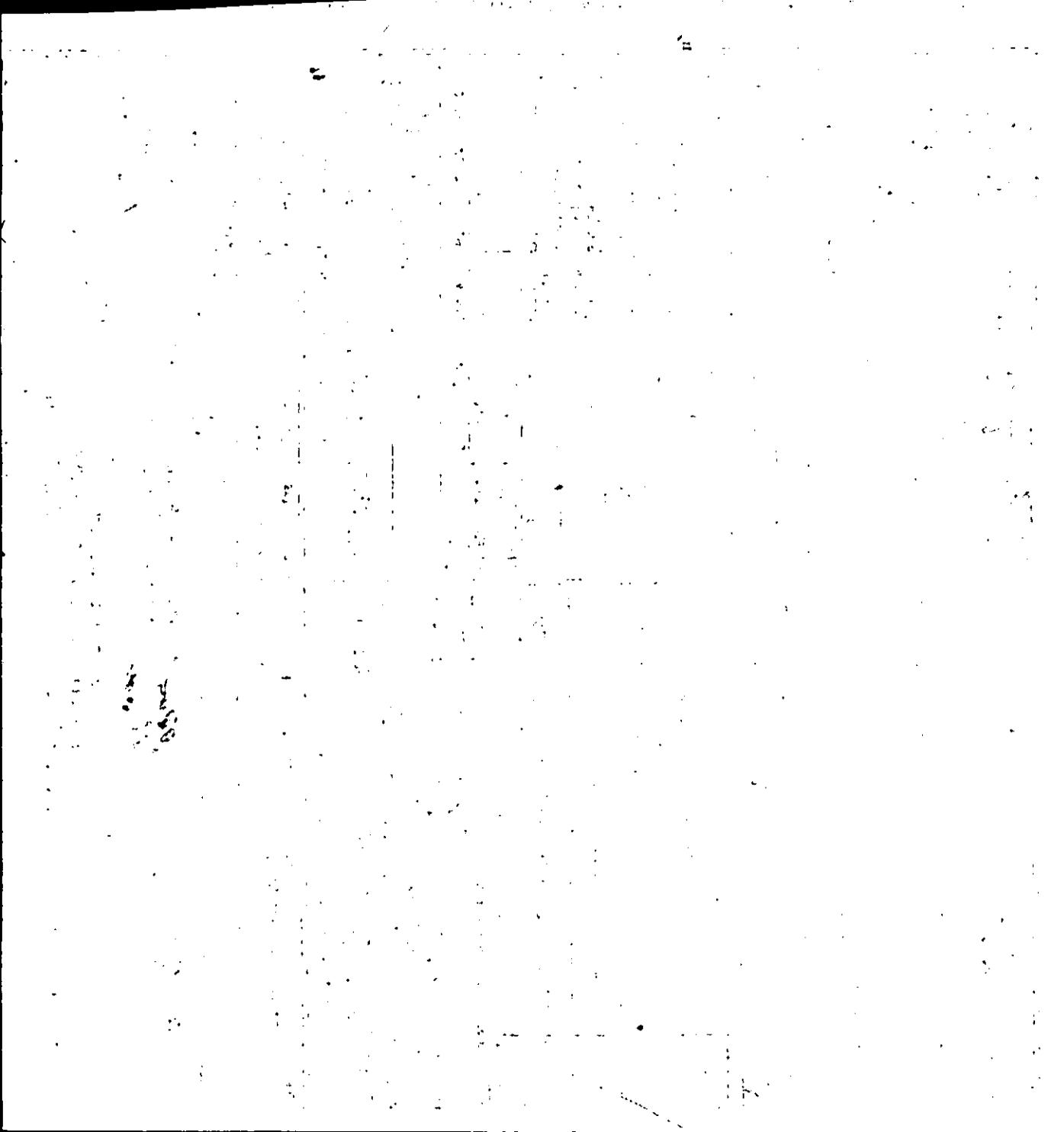
Nature of injury

20. FILED 10/9/ 19 36 Allie Selby Registrar.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) W. H. G. G. G. M. D. (Address) 112 N. 11th St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of disease.



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1. PLACE OF DEATH

County Boone Registration District No. 73 File No. _____
 Township _____ Primary Registration District No. 3006 Registered No. 270
 City Columbia (No. _____) St. _____ Ward _____

2. FULL NAME Esther Wood

(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 Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day or more than 1 hr. or less than 1 min.
			<u>12</u>	

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. _____

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 12/22/36 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/3 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. 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:

Broncho pneumonia Date of onset _____

Premature Baby

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? _____

If so, specify _____ (Signed) H. R. Boffman, M. D.

(Address) 110 S 8th St

SUPPLEMENT

CAUSE OF DEATH in plain terms, so that it may be properly understood.

S-36674