

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.

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

Do not use this space.

MAY 7 1937

114:30

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City **St. Louis, Mo.**

(No. **Mo. Baptist Hospital**)

File No.

Registered No. **3926**

St. Ward)

2. FULL NAME

Carolyn Woods

(a) Residence, No. **2726 Geyer** St., **23** Ward.

(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 **White** 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) **June 13-1926**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	0	10	1	

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

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) **Sullivan Mo** (STATE OR COUNTRY)

13. NAME **Everett J Woods**

14. BIRTHPLACE (CITY OR TOWN) **Keosauqua Mo** (STATE OR COUNTRY)

15. MAIDEN NAME **Harriet Harmon**

16. BIRTHPLACE (CITY OR TOWN) **Greene City, Ia** (STATE OR COUNTRY)

17. INFORMANT **Everett J Woods** (ADDRESS) **2726 Geyer ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sullivan Mo** DATE **4-14 1937**

19. UNDERTAKER **Rowland Mortuary Service** (ADDRESS) **4355 Washington Blvd.**

20. FILED **APR 14 1937** **J. Bredeck** Registrar.

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-14 1937**

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 **12:15 A.M.**

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

*Pneumococcus Sepsis
Acute Otitis Media
non-diphtheretic.*

Other contributory causes of importance:

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 **H**

Nature of injury **H**

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **Joseph M. Zeman** M.D.

(Address) **Deputy Coroner**

