

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

Do not use this space.

MAY 15 1937

15156

1. PLACE OF DEATH

County JACKSON Registration District No. 399
Township RAW Primary Registration District No. 1002
City KANSAS CITY (No. 3940 BELLE FONTAINE) St. _____ Ward _____

File No. _____
Registered No. 15156

2. FULL NAME MRS. LOUISE VIRGINIA WOODWARD

(a) Residence, No. 3940 BELLE FONTAINE, _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 8 1937

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

I HEREBY CERTIFY, That I attended deceased from March 20 1937 to April 7 1937

I last saw her alive on April 7 1937 Death is said to have occurred on the date stated above, at 5:15 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 23, 1853
7. AGE YEARS 83 MONTHS 7 DAYS 15
If LESS than 1 day, _____ hrs. or _____ min.

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

Acute dilatation of heart Date of onset _____

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. None
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: Chronic Myocarditis about 5 yrs. Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) COLUMBUS (STATE OR COUNTRY) OHIO

13. NAME Franklin Samescoch

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

15. MAIDEN NAME MARY ANN JACOBS

16. BIRTHPLACE (CITY OR TOWN) BALTIMORE (STATE OR COUNTRY) MARYLAND

17. INFORMANT CLARIBEL WOODWARD (ADDRESS) 3940 Bellefontaine

18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION DATE APRIL 10 1937

19. UNDERTAKER D.W. NEWCOMERS SONS (ADDRESS) BRUSH CREEK POSE

20. FILED Apr 9 1937 M.M. Brown Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

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) J. C. Conroy, M. D.
(Address) 6520 Independence Ave

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

Dr. W. Connolly Anderson
6520 Ballynashane Ave.
Ba 0756

11:30-12