

MAY 27 1937

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

Do not use this space.

16805

File No. 16805
Registered No. 11
St. _____ Ward)

1. PLACE OF DEATH

County LewisRegistration District No. 468

Township _____

Primary Registration District No. 4281City Marionville

St. _____ Ward)

2. FULL NAME

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary L. Woodson

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

Sept 15 1865

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

71626

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

North Carolina

10. NAME OF FATHER

Francis M. Woodson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

North Carolina

12. MAIDEN NAME OF MOTHER

Mary Munson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

North Carolina

14. INFORMANT

(Address)

Mrs. Woodson
Craw, Mo

15. FILED

May 6 1937 Laura O. Causal

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1937

17.

I HEREBY CERTIFY, That I attended deceased from 3/11, 1937, to 4/10, 1937 that I last saw him alive on 4/11, 1937, and that death occurred, on the date stated above, at 3:00.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
Debris of Lung

CONTRIBUTORY (SECONDARY) Paranephritic infection9 3/18/37 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF 3/18/37WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. J. Davis, M. D., 19 (Address) Springfield Mo

*State the DISEASE CAUSING DEATH, or in cases from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Olive, Marionville, Mo 4-12-37

20. UNDERTAKER

ADDRESS

Bradford Funeral Home Marionville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state cause of death as exactly as possible. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

9381

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... *Lawrence* Registration District No. *468*
Township..... Primary Registration District No. *4281*
City..... *Marionville* (No. St. Ward)

File No. *16805*
Registered No.

2. FULL NAME *Charles Fulton Woodson*

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *wid*

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, hrs. or min.
	<i>71</i>	<i>6</i>	<i>26</i>	

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 *7/13* 19*37* *Laura O. Cannady* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 11 1937*

22. I HEREBY CERTIFY, That I attended deceased from 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:
Hypertrophy of Prostate Gland (about 2 yrs.)
Date of onset

Other contributory causes of importance: *9/25/31*

Name of operation *Transurethral section* 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) *Wm J. Miller* M. D.
(Address) *Springfield Mo*

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-16885