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

MAY 31 1937

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

Do not use this space.

File No. 17166

Registered No. 44

1. PLACE OF DEATH

County: Pemiscot — Registration District No. 651

Township: Little Prairie — Primary Registration District No. 4388

City: Caruthersville (No. ..... St. ..... Ward)

2. FULL NAME George Woods

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

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*): Divorced

5A. IF MARRIED, ~~WIDOWED, OR~~ DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~: Mary Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 4 1879

7. AGE: YEARS 58 — MONTHS 1 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Anderson Tully

10. Date deceased last worked at this occupation (month and year): April 1937

11. Total time (years) spent in this occupation: 2 mo.

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

FATHER

13. NAME: Ike Woods

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Eliza Clifton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Lee Woods — Route 2 — Caruthersville

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Caruthersville DATE: Apr. 4, 1937

19. UNDERTAKER (ADDRESS): L. Forge Und. Co. — Caruthersville, Mo.

20. FILED: May 3, 1937 — Ada Martin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 3, 1937 12:30 P.M.

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1937, to April 3, 1937, I last saw ~~him~~ alive on April 3, 1937. Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset

Other contributory causes of importance: undetermined

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) G. W. Lipe, M. D.
(Address) Caruthersville, Mo.