

JAN 25 1938

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

Do not use this space.

1. PLACE OF DEATH

101 County Shannon
Township Shannon
City Shannon (No. 1)

Registration District No. 822
Primary Registration District No. 4497

File No. 46897
Registered No. 2
St. _____ Ward _____

2. FULL NAME Charley O. Woody

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1937

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

17. I HEREBY CERTIFY That I attended deceased from Feb 2 1936 to Dec 27 1937 that I last saw him alive on Dec 24 1937, and that death occurred, on the date stated above, at 9:15 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 6 1889

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 4 21

(duration) 9 yrs. mos. da.
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. da.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Julesman
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

10. NAME OF FATHER Thomas L. Woody

WAS THERE AN AUTOPSY: _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

WHAT TEST CONFIRMED DIAGNOSIS: _____ (Signed) R. L. Davis, M. D.

12. MAIDEN NAME OF MOTHER Fannie L. Hudson

, 19 _____ (Address) Burch Tree Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Kentucky

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

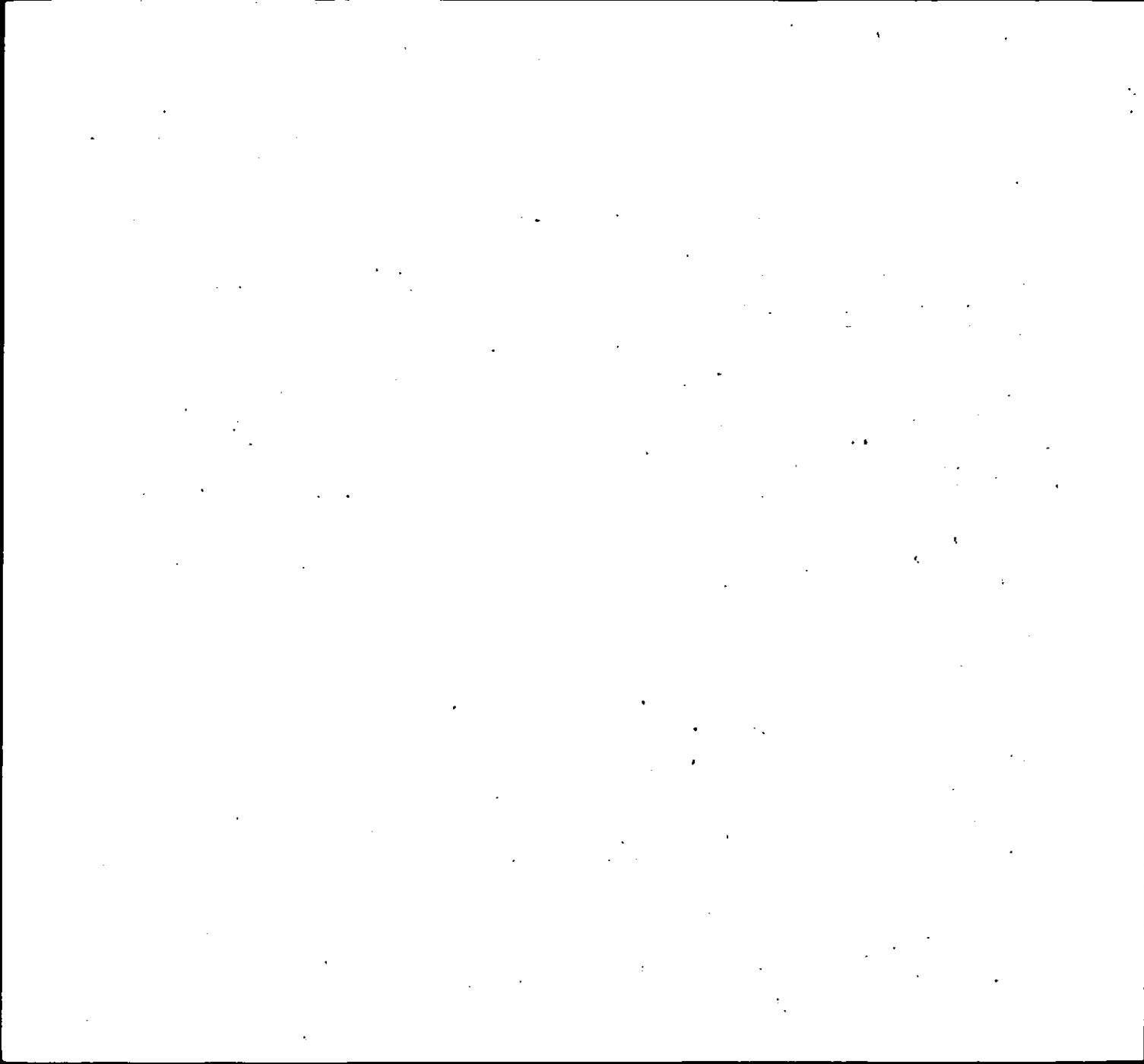
14. INFORMANT Henry Woody (Address) Pine Land Tex

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Oak Forest Cemetery 2/29 1937

15. FILED _____ 19 _____ REGISTRAR

20. UNDERTAKER John Duncan ADDRESS Int View Mo

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



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

46897
Do not use this space.

PLACE OF DEATH

(a) County Shannon Registration District No. 827
 (b) Township _____ Primary Registration District No. 4497 Registered No. _____
 (c) City Burch tree (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Myrtle Woods

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-6-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 4 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as 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) Missouri

13. NAME Thomas L. Woods

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

15. MAIDEN NAME Sallie L. Nelson

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

17. INFORMANT (ADDRESS) Henry Woods
One First St

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE 12/29 1937

19. FUNERAL DIRECTOR (ADDRESS) John Dureau
1111 New Mo.

20. FILED 12/29 1937 Red Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-2 to Dec 27 1937

I last saw him alive on Dec 24 1937. Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Pulmonary Tuberculosis Date of onset _____

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 _____, 1937

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) R J Davis, M. D.

(Address) Burch tree Mo

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