

REC'D MAR 15 1938

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

6372
Do not use this space.

1. PLACE OF DEATH *Carter*
 (a) County *Carter* Registration District No. *143*
 (b) Township *Carter* Primary Registration District No. *5205* Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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.
 2. PRINT FULL NAME *Mary Louise Woods* *320*
 (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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Infant*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Infant*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *8-26-1937*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *0 6 11*
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Infant*
 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) *Van Buren Mo.*
 FATHER 13. NAME *Claud Woods*
 14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) *Iron County Mo.*
 MOTHER 15. MAIDEN NAME *Louisa Shippe*
 16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) *Iron County Mo.*
 17. INFORMANT (ADDRESS) *Claud Woods Van Buren, Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Van Buren* DATE *Mar 8* 1938
 19. FUNERAL DIRECTOR (ADDRESS) *B. H. Washley Van Buren*
 20. FILED *3-8* 1938 *W. Collier* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 7* 1938
 22. I HEREBY CERTIFY, That I attended deceased from *22-26* 1938, to *3-7* 1938.
 I last saw her alive on *3-7* 1938. Death is said to have occurred on the date stated above, at *11:50 P* m.
 The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia Date of onset *3-4*
 Other contributory causes of importance: *Measles* *2-25-*
Inevitable Transition since birth
 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? _____
 If so, specify _____
 (Signed) *Wm. H. Burton*, M. D.
 (Address) *Van Buren, Mo.*

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)