

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

REC'D JUN 7 1938

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

19400
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
 (b) Township Pendleton Primary Registration District No. 6023 Registered No. 64
 (c) City Rural- (d) Street No. _____ (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.

2. PRINT FULL NAME George William Woods 327

(a) Residence, No. Rfd 1 Farmington, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	84	5	7	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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

FATHER 13. NAME Not Known

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER 15. MAIDEN NAME Not Known

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT I. F. Woods
 (ADDRESS) Rfd. 1 Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Pleasant Hill DATE May 14, 1938

19. FUNERAL DIRECTOR Richardson Funeral Home
 (ADDRESS) Farmington, Mo.

20. FILED May 12, 1938 T. J. Robinson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1938, 19 , to May 11, 1938, 19

I last saw him alive on May 11, 1938, 19 . Death is said to have occurred on the date stated above, at 11 P m.

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

Pneumonia (Traumatic)
Following a truck accident

Date of onset
5-1-38

Other contributory causes of importance:
Senility and arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury May 11, 1938
 Where did injury occur? Pendleton Tnshp St. Fr. Co
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Home

Manner of injury Run over by a truck
 Nature of injury Frac. of R. Scap. Three ribs on left side.

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify L. M. Stanfield M. D.

(Signed) L. M. Stanfield M. D.
 (Address) Farmington, Mo.

STATEMENT BY LICENSED EMBALMER

I, Chas Richardson, Licensed Embalmer No. 3167

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 Chas Richardson

Licensed Embalmer No. 3167

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