

SEP 28 1938

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

Do not use this space.

30109

1. PLACE OF DEATH

County Scott

Registration District No. 816

File No.

Township

Primary Registration District No. 4492

Registered No. 19

City Chaffee (No. 30)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Ephriam Herald Woods

(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 2 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Woods

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1938, to Aug. 24, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1854

I last saw him alive on Aug. 23, 1938 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS 84 MONTHS 6 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

Arteriosclerosis Date of onset Don't know

12. BIRTHPLACE (CITY OR TOWN) Owensboro (STATE OR COUNTRY) Ky.

Other contributory causes of importance: Chronic Bronchitis chronic

13. NAME Joseph Wood

14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Mahvina Davis

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs. Fred Hett (ADDRESS) Chaffee, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Charleston Mo DATE 8/26, 1938

19. UNDERTAKER Displinghoff Hubbard (ADDRESS) Chaffee Mo.

20. FILED 8/24 38 W.O. Finney Registrar

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 \_\_\_\_\_, 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. S. Sample D.

(Address) Chaffee Mo.

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

