

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D FEB 21 1939

2095
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 222
 (b) Township Pilot Grove Primary Registration District No. 4135
 (c) City Pilot Grove (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 6 yrs. 0 mos. 0 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Mr. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Ethel Woods
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1879
 7. AGE YEARS 65 MONTHS 6 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1939
 22. I HEREBY CERTIFY That I attended deceased from Jan 5 1939 to Jan 18 1939
 I last saw him alive on Jan 17 1939. Death is said to have occurred on the date stated above, at 3a m.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Storekeeper
 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) Sept 1 - 1938 11. Total time (years) spent in this occupation 10
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri

Drug addict
contrains & long long
use of drugs following
chronic obadung
diseases
 Date of onset _____

13. NAME Andy Woods
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 15. MAIDEN NAME Mary Rector
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

Other contributory causes of importance: _____
 Name of operation no Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

17. INFORMANT (ADDRESS) Mrs. Quibelle Johnson
St. Scott - Kansas
 18. BURIAL CREMATION, OR REINTERMENT Plt Hebo DATE 1 - 19 39

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 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 no
 Nature of injury no

19. FUNERAL DIRECTOR (ADDRESS) John & Ethel
Pilot Grove Mo
 20. FILED Jan 11 1939 Mrs. E. B. McCutchen
 Local Registrar

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Chas. Luycky, M. D.
 (Address) Pilot Grove, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS

174

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7/6/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Peyton E. Wagoner

Licensed Embalmer No.

3074

P. O. Address

Pilot Grove

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.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Cooper Registration District No. 222
(b) Township Pilot Grove Primary Registration District No. 4135 Registered No.
(c) City Pilot Grove (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.

2. PRINT FULL NAME

Zade Hannah Woods
(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) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 8

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h... alive on..., 19... Death is said to have occurred on the date stated above, at... m.

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

Drug addict - continuous and long use of drugs following chronic opiate disease. Morphine, heroin, etc. & anything he could get.
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, 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) Chas. Sandy, M. D. (Address) Pilot Grove Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. 20001 A11001 is very important. Exact statement.

SUPPLEMENT

S-2095