

REC'D FEB 25 1939

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

3163
Do not use this space.

1. PLACE OF DEATH

(a) County MONROE Registration District No. 587
(b) Township WOODLAWN Primary Registration District No. 1645 Registered No. 1
(c) City _____ (d) Street No. Monroe Co., Mo. 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

321 ROBERT GREGORY WOODS
(a) Residence, No. Monroe Co. 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia F. Woods 1870

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 5, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 10 17

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) Jan. 1939 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co., Mo.

FATHER 13. NAME James Woods

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

MOTHER 15. MAIDEN NAME Anne Blacock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co., Mo.

17. INFORMANT (ADDRESS) Robt. Woods
R-4 - Madison, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 1-23-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Speed & Blakely
Marie, Mo.

20. FILED 1-22-39 Kerck Wedding
Local Registrar 517

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1939

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:45 AM.
The principal cause of death and related causes of importance were as follows:

Natural Causes Date of onset 1/22/39
J. D. W.

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 2 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? Yes
If so, specify _____
(Signed) Joseph M. Wilson, Crown
(Address) Monroe City, Mo.

Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 19

District File Number 10-39-130

Date Filed FEB 12 1939

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 *W. B. Blakely*

Licensed Embalmer No. 2616

P. O. Address *Paris, Mo.*

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

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