

REC'D APR 18 1939

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

Lane,

12624

Do not use this space.

## 1. PLACE OF DEATH

(a) County Vernon Registration District No. 875  
(b) Township Coates Primary Registration District No. 3039  
(c) City Nevada (d) Street No. 929 E. Wooten 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

363 Leah Emma Woodward  
(a) Residence, No. 929 E. Wooten 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Jay Woodward  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1887  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
52 1 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. None  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. 30 yr.

12. BIRTHPLACE (CITY OR TOWN) Lane, Illinois  
(STATE OR COUNTRY)

FATHER 13. NAME George W. Shapam  
14. BIRTHPLACE (CITY OR TOWN) Columbus, Ohio  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Nancy Rebecca Hunton  
16. BIRTHPLACE (CITY OR TOWN) Lane, Illinois  
(STATE OR COUNTRY)

17. INFORMANT Olita Gaines  
(ADDRESS) Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Norton Cemetery DATE Mar 12, 1939

19. FUNERAL DIRECTOR (NAME) Ferry Funeral Home  
(ADDRESS) Nevada, Mo.

20. FILED Mar 18, 1939 Allen V. Hays Local Registrar.  
795 (Address)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938 to Mar 9, 1939  
I last saw her alive on Mar 8, 1939 Death is said to have occurred on the date stated above, at 9:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma Breast. Date of onset about 1937.

Other contributory causes of importance: 50

None known

Name of operation Breast Amputation Date of .....  
What test confirmed diagnosis? Exam 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? no  
If so, specify .....

(Signed) W. K. Love J. M. D.

Nevada, Mo.

DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL RECORDS

RECEIVED

District Health Officer No. 7,  
District File Number 7-39-641  
Date Filed 4-17-39

**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, Personally  
....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Lloyd R. Winnett  
Licensed Embalmer No. 3857  
P. O. Address Ypsilanti, Mo

**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.**