

REC'D JUN 24 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19577
Do not use this space.

1. PLACE OF DEATH *Ray*
 (a) County *Ray* Registration District No. *740*
 (b) Township *Proctor Review* Primary Registration District No. *4442* Registered No. *6*
 (c) City *Hardin mo* (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 *Charles Otis Woodson*
 (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

MEDICAL CERTIFICATE OF DEATH

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 *Anna Woodson*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May - 1 1888*
 7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
57 0 5-
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Garage man*
 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) *May 3 - 1939* 11. Total time (years) spent in this occupation *2 0*
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Huntsville mo*
 FATHER 13. NAME *Charles D. Woodson*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *West Virginia*
 MOTHER 15. MAIDEN NAME *Francis Thornton*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*
 17. INFORMANT *Mrs. C. O. Woodson*
 (ADDRESS) *Hardin mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Hardin Cem* DATE *May 7 1939*
 19. FUNERAL DIRECTOR *Jno W. Kneppschulte*
 (ADDRESS) *Hardin mo*
 20. FILED *May 6 1939* *R. A. Willeford*
 Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 5 1939*
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him live on *about*, 19____. Death is said to have occurred on the date stated above, at *4 p* m.
 The principal cause of death and related causes of importance were as follows:
Suicide.
Carbon monoxide Gas. (Pipes from Exhaust Pipe to Car)
 Other contributory causes of importance:
 Date of onset
 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? *Suicide* Date of injury *May 5 1939*
 Where did injury occur? *Farm Forest* (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) *GW Gainer* M. D.
 (Address) *Richmond, Mo.*

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

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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.....

..... Licensed Embalmer No.

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.)