

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 2-17-39 I X1931

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.

Registration District No. 667 Primary Registration District No. 6763 Registrar's No. 63

1. PLACE OF DEATH: (a) County Miss. Co. (b) City or town Rural St. James (c) Name of hospital or institution: (d) Length of stay: In hospital or institution

3. (a) PRINT FULL NAME WILLIAM WOODS (b) If veteran, name war (c) Social Security No.

4. Sex male (b) Name of husband or wife (c) Age of husband or wife if alive 10 years (5) Color or race negro (6) (a) Single, widowed, married, divorced single

8. AGE: Years 4 Months 9 Days If less than one day

9. Birthplace Miss. Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business (12) Name Charlie Woods (13) Birthplace Cottontown, Arkansas (14) Maiden name Bernella Speller (15) Birthplace Miss. Co., Mo.

16. (a) Informant's own signature Charlie Woods (b) Address East Prairie, Mo. (17) (a) Burial (b) Date thereof 7-19-39 (c) Place: burial or cremation Burial

18. (a) Signature of funeral director Miss. Shelby (b) Address East Prairie, Mo. (19) (a) July 29-39 (b) Mrs. D. M. Hoage

2. USUAL RESIDENCE OF DECEASED: (a) State Mo. (b) County Miss. Co. (c) City or town Near East Prairie (d) Street No. (e) If foreign born, how long in U. S. A.?

20. DATE OF DEATH: Month 19 day July year 1939 hour 4 a.m. minute M.

I hereby certify that I attended the deceased from July 5 1939 to July 19 1939 that I last saw him alive on July 5 1939 and that death occurred on the date and hour stated above.

Immediate cause of death: Cholitis

Due to: Due to: 1196

Other conditions: (include pregnancy within 3 months of death) Major findings: Of operations: Of autopsy:

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify): (b) Date of occurrence: (c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Means of injury: 23. Signature Des W. Whitaker (M. D. number) Address East Prairie, Mo. Date signed 8/4/39

Duration about 2 wks. PHYSICIAN Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2,

District File Number 589-157

Date Filed 8-14

---

---

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.

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

26276  
Do not use this space.

1. PLACE OF DEATH

(a) County Missouri Registration District No. 567  
(b) Township St James Primary Registration District No. 3763  
(c) City..... (d) Street No.....  
(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

William 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-10-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
4 4 9

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED July 29, 1939 Mrs. O. M. Hodges  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1939

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

I last saw him alive on \_\_\_\_\_, 19... Death said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

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) Geo. W. Whitaker, M. D.

(Address) East Prairie 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 very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

1939  
S-26276