

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29836
Do not use this space.

DEC'D SEP 13 1939

1. PLACE OF DEATH

(a) County Oregon Registration District No. 1064
 (b) Township Johnson Primary Registration District No. 5842 Registered No. 3
 (c) City _____ (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 59 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John B. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 3 3
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon County Missouri

FATHER 13. NAME Charles Woods
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland..

MOTHER 15. MAIDEN NAME Mary Ellen Killroy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans, La.

17. INFORMANT (ADDRESS) Rome Wood, Alton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lance Cem. DATE 8/15/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leo Carr, Thayer, Mo.

20. FILED 8-15, 1939 W. S. Cotham Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14, 19 39

22. I HEREBY CERTIFY, That I attended deceased from me 1st 3d August 14, 19 39
 I last saw him alive on Aug 13, 19 39. Death is said to have occurred on the date stated above at 4:35 A. M.
 The principal cause of death and related causes of importance were as follows:

Transverse Myelitis
acute
 Date of onset June 1939
 Other contributory causes of importance:
Acute Myelitis of Back. Secondary Anemia

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) W. S. Cotham, M. D.

567 (Address) Thayer, Mo.
Cooper

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 with the above constitutes grounds for revocation of license.)

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