

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

Do not use this space.

32213

1939 OCT 9

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1. PLACE OF DEATH 2
County Co. Clark Registration District No. 212
Township Clark Primary Registration District No. 4159
City Englewood (No. 08) St. _____ Ward _____

2. FULL NAME Lucinda Ellen Woods
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George H. Woods</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-29-1866</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>8</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>At Home</u>
	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) <u>Phelps Co. Mo.</u>		
FATHER	13. NAME <u>Benjamin A. Brookshire</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Catherine Anthony</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phelps Co., Mo.</u>	
17. INFORMANT (ADDRESS) <u>G. M. Davis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Spring Garden</u> DATE <u>9/28</u> 19 <u>39</u>		
19. UNDERTAKER (ADDRESS) <u>G. M. Davis</u>		
20. FILED <u>90/9</u> 19 <u>39</u> <u>Wm. T. L. Glover</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/27 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to 9/27 1939
Last saw her alive on 9/24 1939. Death is said to have occurred on the date stated above, at 8:30 P. m.
The principal cause of death and related causes of importance were as follows:
Murder Poisoning
Date of onset 9-24/39

Other contributory causes of importance:
was recovered from impacted fracture of right hip, healed Nov. 1938. Has been bed fast since.

Name of operation no Date of _____
What test confirmed diagnosis? Phys. 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 9/27 1939
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) Geo. H. Shirley, M. D.
(Address) Englewood, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

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Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 212
 (b) Township _____ Primary Registration District No. 4157 Registered No. _____
 (c) City Eugene (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

Lucinda Ellen 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS 77 MONTHS 8 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19__

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/27 1939

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

I last saw h. _____ alive on _____, 19__. Death is said

to have occurred on the date stated above, at _____ m.

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

Urterine poisoning
Capitric infarcts since
1934 that I know of.
 Date of onset 9/24/39

Other contributory causes of importance:

Wound Reopened from impacted fracture of right hip occurred soon 1939 healed fast since

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. H. Shuley, M. D.

(Address) Eugene

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL COMPLETED AS PER. D BY LAW.

SUPPLEMENTARY

S-32013