

FILE APR 3 1948

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

Do not use this space.

12180

1. PLACE OF DEATH

County St. LouisRegistration District No. 784Township BonhommePrimary Registration District No. 106City St. Louis No. 320

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 238

(Usual place of abode)

Length of residence in city or town where death occurred

yrs. 23 mos. _____

St. _____

Ward _____

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth?

yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Cool.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Married

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

March 20, 1885

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. _____ min.

5510

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

clerk

9. Industry or business in which work was done, as silk mill, 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)

Moreville Mo

MOTHER FATHER

13. NAME

Edward Woods

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

Mo

15. MAIDEN NAME

Cora Kidd

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

Mo

17. INFORMANT

(ADDRESS)

Sue Woods 230 New York St

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Father's home April 2, 1948

19. UNDERTAKER

(ADDRESS)

Hemphill Funeral Home 408 S. 3rd St. St. Louis

20. FILED

APR - 1 1948

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from

March 6, 1940, to March 30, 1940I last saw him alive on March 30, 1940 Death is saidto have occurred on the date stated above, at 10 m.

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

Brach. pneumonia

Date of onset

3-4-30

Other contributory causes of importance:

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? _____ 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)

(Address)

R. J. Ward1161

M. D.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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