

JAN 25 1941

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

43727
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Francis Registration District No. 773
 (b) Township _____ Primary Registration District No. 4464
 (c) City Farmington (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 0 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Henry Woods
 (a) Residence, No. 680 Overton St. Farmington, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10 - 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>65</u>	<u>11</u>	<u>17</u>	

OCCUPATION
 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. Employed by City
 10. Date deceased last worked at this occupation (month and year) 3 months 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mineral Mott Madison Co. Mo.

FATHER
 13. NAME John Henry Woods
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mineral Mott Madison Co. Mo.

MOTHER
 15. MAIDEN NAME Malinda Francisca Hunt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mineral Mott Madison Co. Mo.

17. INFORMANT (ADDRESS) Clara B. Holden 680 Overton

18. BURIAL, CREMATION, OR REMOVAL PLACE W.P. at Farmington DATE Dec. 29

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Farmington Mo. T. J. Robinson Local Registrar.

20. FILED Dec 28, 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1940, to Dec. 27, 1940
 I last saw him alive on Dec. 26, 1940 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:
Chemia
Cardio-Renal-Vascular Disease
(From History)
 Other contributory causes of importance: Hypertension - (From History)

Date of onset	<u>12-1-40</u>
	<u>1938</u>
	<u>1937</u>

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. Walters, M. D.
 Address Farmington, 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.

STATE PLAIN, WITH UNFACED SIDE OF THIS IS A PERMANENT RECORD

1 X14028

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 *me*

Registered Apprentice No....., working under my personal supervision.

Signed..... *C.H. Coyle*

Licensed Embalmer No. *4084*

P. O. Address *Ferrington*

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.