

SEP 24 1929

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

Do not use this space.

27201

1. PLACE OF DEATH

County Carroll  
Township Hill  
City Dawn (No. .... St. .... Ward)

Registration District No. 139  
Primary Registration District No. 5700

File No. ....  
Registered No. 19

2. FULL NAME Charles A. Wooden

(a) Residence. No. .... St. .... Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
77 11 0

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jackson Wooden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Nancy Short

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Geo. Wooden (Address) Dawn, Missouri

15. FILED 8/26 1929 O. P. Edwards REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25 1929

17. I HEREBY CERTIFY, That I attended deceased from April 4, 1929, to Aug 22, 1929, that I last saw her alive on Aug 22, 1929, and that death occurred, on the date stated above, at 8 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

131 (duration) 4 yrs. 6 mos. 0 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTACTED (IF NOT AT PLACE OF DEATH)

19. DID AN OPERATION PRECEDE DEATH? DATE OF ..... WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. M. Wooden, M. D.

8/26 1929. (Address) Boyard mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sykes Cemetary DATE OF BURIAL 8/26/29

20. UNDERTAKER [Signature] ADDRESS Braymer, 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.

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