REC'D JUL 14 1939

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

21777
Do not use this space.

1. PLACE OF DEATH
(a) County Carroll — Registration District No. 135
(b) Township or — Primary Registration District No. 3010 — Registered No. 79
(c) City Carrollton — (d) Street No. Shalon Clinic 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 Freda Grace Wooden
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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

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.

17 / 3 / 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 21, 1939
7. AGE: YEARS — MONTHS — DAYS 3; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as saw mill, bank, etc.: Infant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Carrollton (STATE OR COUNTRY) Missouri

FATHER
13. NAME Gerald Lyle Wooden
14. BIRTHPLACE (CITY OR TOWN) Carroll County (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Ruby Ila Keys
16. BIRTHPLACE (CITY OR TOWN) Bogard (STATE OR COUNTRY)

17. INFORMANT Beulah Cunningham (ADDRESS) Carrollton
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Mound DATE June 26 1939
19. FUNERAL DIRECTOR (NAME) Family (ADDRESS)
20. FILED 7-1 1939 Ruth Haskins, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1939
22. I HEREBY CERTIFY, That I attended deceased from June 21, 1939, to June 24, 1939
I last saw her alive on June 24, 1939. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows: Date of onset
Premature
5 months

Other contributory causes of importance: 154

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? No
If so, specify ....
(Signed) R. Hamilton Staton, M. D.
(Address) Carrollton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/3/39

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 comply with the above constitutes grounds for revocation of license.)

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