

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.

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

Do not use this space.

JAN 20 1937

45429

1. PLACE OF DEATH

County Livingston Registration District No. 508  
Township Chillicothe Primary Registration District No. 326  
City Chillicothe, Mo. (No.     ) Hospital      St.      Ward       
File No.       
Registered No. 179

2. FULL NAME Dr. Elias Marion Wooden

(a) Residence, No. Chillicothe St.      Ward.       
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred | yrs. 3 mos. 12 ds. How long in U. S., if of foreign birth? yrs.      mos.      ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Lizzie Wooden</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 18, 1873</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>10</u>
	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Physician</u>	11. Total time (years) spent in this occupation <u>25</u>
	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) <u>Dec 8, 1936</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri, Canaan</u>		
FATHER	13. NAME <u>Jefferson Wooden</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Martha Maple</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>W. A. Landrum, William Wooden</u> (ADDRESS) <u>Shelbourn, Iowa</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bogard, Mo.</u> DATE <u>Dec. 12, 1936</u>		
19. UNDERTAKER <u>E. A. Dickerson</u> (ADDRESS) <u>Bogard, Mo.</u>		
20. FILED <u>Dec. 12, 1936</u> <u>Donald H. Howell, Jr.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-8-1936 to 12-12-1936  
I last saw him alive on 12-11-1936 Death is said to have occurred on the date stated above, at 3:35 Am.  
The principal cause of death and related causes of importance were as follows:  
Lacerated and Contused brain with skull fracture, Compound fracture of right knee, Multiple lacerations, Auto-traffic collision with truck on highway  
Other contributory causes of importance:     

Name of operation      Date of       
What was confirmed diagnosis? Cerebral Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 12-8-1936  
Where did injury occur? Cassell County, Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public highway  
Manner of injury Automobile collision with truck  
Nature of injury     

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify Physician taken professional risk  
(Signed) Donald M. Powell, M. D.  
(Address) Chillicothe Mo

