

REC'D JUN 20 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County RayRegistration District No. 742File No. 19587Township PalmerPrimary Registration District No. 5977

Registered No. \_\_\_\_\_

City Lawson

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME Mrs. Margaret Anna Woods

(a) Residence, No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

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

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-5-1854

7. AGE

YEARS 84MONTHS 7DAYS 11

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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

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) Ray, Mo.13. NAME Henry Boone14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina15. MAIDEN NAME Rebecca Whitist16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina17. INFORMANT Mrs. Temple Metcalf(ADDRESS) Lawson Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE LawsonDATE May-17-193919. UNDERTAKER Richard - Jarman(ADDRESS) Lawson Mo20. FILED May 17, 1939Edwin Shouse  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 193922. I HEREBY CERTIFY, That I attended deceased from April, 1939, to May 16, 1939I last saw her alive on May 15, 1939 Death is saidto have occurred on the date stated above, at 12:00 A. M.

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

Senility  
Chronic Myocarditis  
Cardiac Failure

Date of onset \_\_\_\_\_

Other contributory causes of importance: ASC

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis Clinical 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) Detrus Buchner(Address) Lawson Mo.

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 6/7/39