

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

42177

JAN 28 1929

1. PLACE OF DEATH

County Ray Co Mo  
Township Fishy River  
City (No. ....) St. .... Ward)

Registration District No. 743  
Primary Registration District No. 6237

File No. ....  
Registered No. 47

2. FULL NAME Mertie Woods

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/14/1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 1 11

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Ray Co Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Wm Mc Kissack

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Rachel O'Shell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

14. INFORMANT Moses Woods  
(Address) Excelsior Spgs

15. FILED Jan 12 1929 L. E. Ellis REGISTRAR

V MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/25 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1928, to Dec 23, 1928, that I last saw him alive on Dec 23, 1928, and that death occurred, on the date stated above, at 3 A M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

114 107 Bronch pneumonia  
(duration) yrs. mos. 14 da.

CONTRIBUTORY Life expectancy  
(SECONDARY) (duration) yrs. mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED HO  
IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Robt. Sherr, M. D.

12/27, 1929 (Address) Oreien 200

\*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 O'Shell Court DATE OF BURIAL 12/26 1928

20. UNDERTAKER O. V. Gibson ADDRESS Oreien 200

WRITE PLAINLY, WITH UNFADING INK. 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.

Sherry

