

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

38603  
 Do not use this space.

NOV 23 1937

1. PLACE OF DEATH  
 (a) County Ray Registration District No. 743  
 (b) Township Fishing River Primary Registration District No. 6237  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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.

Registered No. 102

2. PRINT FULL NAME May Woods  
 (a) Residence, No. \_\_\_\_\_ Country Ray Co. Mo. St.   
 (Usual place of abode, if no street address, write county or city) (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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 29-1877  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
30 60 0 29  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WORK  
 9. Industry or business in which work was done, as 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 Co Mo  
 FATHER 13. NAME Joseph Woods  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo  
 MOTHER 15. MAIDEN NAME Martha McKissack  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo  
 17. INFORMANT Claude Woods  
 (ADDRESS) Orick Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE O'WELL CEMETERY DATE Oct-31, 1937  
 19. FUNERAL DIRECTOR C.V. Gibson  
 (ADDRESS) Orick Mo  
 20. FILED 11/10, 1937 State  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1937, to \_\_\_\_\_, 19\_\_\_\_  
 (Last saw him alive on Jan \_\_\_\_\_, 1937. Death is said to have occurred on the date stated above, at 2:45 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: None  
 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) State, M. D.  
 (Address) Orick, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**