

DEC 27 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH42270
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 739
 (b) Township Camden Primary Registration District No. 5974 Registered No. _____
 (c) City _____ (d) Street No. _____
 (e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME NATHANIEL LYON WOODS

(a) Residence, No. _____ 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 ✓
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married - Hersford
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 - 1868
 7. AGE YEARS 76 MONTHS 3 DAYS 3 IF LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 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) 1933
 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co.

13. NAME John Woods

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua Ray Co

15. MAIDEN NAME Jana Dowden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) V

18. BURIAL, CREMATION, OR REMOVAL PLACE Odell County DATE Nov 10 1937

19. FUNERAL DIRECTOR (ADDRESS) C. H. Gibson
Osrick Ave

20. FILED NOV 19 1937 M. D. Middleton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936 to Nov 9 1937
 I last saw him alive on Nov 8 1937 Death is said

to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Other contributory causes of importance: B!

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 Geo. S. Pringston M. D.

(Signed) _____ (Address) Camden Mo

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 with the above constitutes grounds for revocation of license.)