

APR 24 1936

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

Do not use this space.

12099

1. PLACE OF DEATH

County Ray
Township Fishing River
City _____ (No. _____)

Registration District No. 743
Primary Registration District No. 6237

File No. _____
Registered No. 49
St. _____ Ward _____

2. FULL NAME Prince Woods

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Catherine Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/1/1858

7. AGE YEARS 78 MONTHS 2 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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

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 Co. Mo.13. NAME Isaac Woods14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.15. MAIDEN NAME Bessie Tomwater16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.17. INFORMANT Irvin Woods (ADDRESS) Oriskany Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Oriskany DATE 3/3 193619. UNDERTAKER Whitson (ADDRESS) Oriskany Mo.20. FILED 3/10 1936 Oriskany

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to Mar 1 1936
I last saw him alive on Mar 1 1936 Death is said to have occurred on the date stated above, at 11:30 a. m.

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

Date of onset

Chronic myocarditis
Chronic Interstitial Nephritis

Other contributory causes of importance:

Arteriosclerosis
Old age

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?
If so, specify _____

(Signed) Oriskany, M. D.
(Address) Oriskany, Mo.

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.

