

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

JAN 17 1938

1. PLACE OF DEATH
County Camden
Township Russell
City (No. _____)

Registration District No. 120
Primary Registration District No. 5172

44931
File No. _____
Registered No. 22 (22)
St. _____ Ward _____

2. FULL NAME Harv Lane Woodall

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 2 19

OCCUPATION
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. on Farm
10. Date deceased last worked at this occupation (month and year) 7-9-30 11. Total time (years) spent in this occupation Life Time

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER
13. NAME James Woodall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Kathie David

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) One Woodall

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodall Cemetery DATE 12-17-1937

19. UNDERTAKER (ADDRESS) J. R. Woodall acting

20. FILED 12-17-1937 D. W. J. Myers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 11th, 1937, to Dec 16th, 1937.
I last saw him alive on Dec 18th, 1937. Death is said to have occurred on the date stated above, at 9:42 a. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 12-7-37

Other contributory causes of importance: 8201

Name of operation _____ Date of _____
What test confirmed diagnosis Fluorid 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) J. T. Myers, M. D.
(Address) Wanda Green

