

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

Do not use this space.

35-523-a

1. PLACE OF DEATH
 County Camden Registration District No. 118
 Township Adair Primary Registration District No. 5169
 City _____ (No. _____) St. _____ (Ward _____)

2. FULL NAME Mary Catherine 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 F **4. COLOR OR RACE** W. **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 18th 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	68	8	12	

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) (STATE OR COUNTRY) Ohio

10. NAME OF FATHER William Cornell

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

12. MAIDEN NAME OF MOTHER Nancy Jane Waters

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ny

14. INFORMANT Isaac Woodall
 (Address) Climax Springs Mo

15. FILED 12-20 1930 A. R. Lee
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30th 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 27th, 1930, to Nov 30th, 1930, that I last saw her alive on Nov 27th, 1930, and that death occurred, on the date stated above, at 12:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver
465
acute symptoms
 (duration) yrs. mos. ds. 21

CONTRIBUTORY (SECONDARY) _____
 (duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED 4415
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED (DIAGNOSIS) _____
 (Signed) J. D. Myers, M. D.
12/18/1930 (Address) Macks Creek Mo

*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 Macks Creek Cemetery **DATE OF BURIAL** Dec 1st 1930

20. UNDERTAKER R. J. Brown **ADDRESS** Macks Creek 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.

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