

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

Do not use this space.

32391

1. PLACE OF DEATH

15 County Cameron Registration District No. 118
Township Osair Primary Registration District No. 5769
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Albert Wade Woodall
(a) Residence, No. Climax Springs St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 3 mos. 26 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-3-1921

7. AGE YEARS 2 MONTHS 3 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Climax Springs mo

13. NAME Robt. Lionell Woodall

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

15. MAIDEN NAME Maggie J. Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wicksy Co Mo

17. INFORMANT Robt. J. Woodall (ADDRESS) Climax Springs mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Climax Cemetery DATE Oct-30 1933

19. UNDERTAKER Mrs. Oscar Shiffin (ADDRESS) Climax Springs mo

20. FILED Nov 1 1933 W. S. Windsor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-29 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct-28 1933, to Oct-29 1933
I last saw him alive on Oct-29 1933. 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:

Laryngismus Stridulus
1058
Playing out in rain
Date of onset 10-27-33

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? _____
If so, specify _____
(Signed) W. S. Windsor, M. D.
(Address) Climax Springs 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.

NOV 10 1933

