

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

Do not use this space.

41877

92

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

21 1929

**PLACE OF DEATH**

County St. Francois  
Township Flat River  
City Flat River (No. 4465)

Registration District No. 994  
Primary Registration District No. 001503

File No. 92  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mr Ida Woods  
(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 <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widow</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 20-1878</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>3</u>	DAYS If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>house wife</u> (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) <u>Spencer Ind.</u>		
10. NAME OF FATHER <u>John Rabadoux</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris France</u>		
12. MAIDEN NAME OF MOTHER <u>Anne Christian</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Spencer Ind.</u>		
14. INFORMANT <u>J. T. Mc Carver</u> (Address) <u>Flat River</u>		
15. FILED <u>12-21-29</u> <u>W. J. Bryan</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 20 1929

17. I HEREBY CERTIFY That I attended deceased from June 1 - 1929 to Dec - 20 1929  
that I last saw him alive on Dec 19 - 1929, and that death occurred, on the date stated above, at 7:15 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Breast and gen. metastasis to espins and bowels -

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

18. WHERE WAS DISEASE CONTRACTED Do not know  
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical  
(Signed): W. J. Bryan M. D.  
Address Flat River

\*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 <u>Bismarck</u>	DATE OF BURIAL <u>12-22 1929</u>
20. UNDERTAKER <u>Raymond Caldwell</u>	ADDRESS <u>J. R.</u>

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11/10/19