

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

Do not use this space.

1067

1. PLACE OF DEATH

County..... Jackson
Township..... Kaw
City..... Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 7221 Washington)

File No.....
Registered No. 114
St. _____ Ward _____

2. FULL NAME John Franklin Wood

(a) Residence. No. 7221 Washington 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Joella Derby Wood
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 5, 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>41</u>	<u>1</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Civil Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Odessa
(STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>M. G. Wood</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>LaFayette Co.</u> (STATE OR COUNTRY) <u>Missouri</u>
	12. MAIDEN NAME OF MOTHER <u>Nancy Moore</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Lafayette Co.</u> (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT E. A. Wood
(Address) 22 E. 54th St. Tex.

15. FILED Jan 9 1927 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 31 1926 to Jan 8 1927, and that I last saw him alive on Jan 8 1927, and that death occurred, on the date stated above, at 3:32 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia (Left)
1010
(duration) yrs. mos. ds. 8 ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 Did an operation precede death..... DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Chaas Nelson, M. D.
Jan 8 1927 (Address) 1812 Fed No Bk.

*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>Wm. Washington Cem</u>	DATE OF BURIAL <u>1-10-1927</u>
20. UNDERTAKER <u>Stone + McClure</u>	ADDRESS <u>924 Oak</u>

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.

