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.

22793

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 5706 Era ave ..... St. ..... Ward)

File No. .....

Registered No. 6453

2. FULL NAME (Joseph H. Wood) Joseph W. Wood

(a) Residence. No. 5706 Era ave St. 7 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: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Irene Patterson Wood

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 25 - 1860

7. AGE: 66 YEARS, 8 MONTHS, 18 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Engineer Stationary

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: Pierce Bldg

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

PARENTS

10. NAME OF FATHER: Dont Know

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

12. MAIDEN NAME OF MOTHER: /

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

14. INFORMANT: Irene Patterson Wood
(Address) 5706 Era ave

15. FILED JUL 15 1927, 19 Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 13 1927

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1927 to July 13, 1927 that I last saw him alive on July 13, 1927, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy Cerebral

Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis (duration) yrs. mos. ds.

74a1

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signs

(Signed) Carl E. Audley M.D.

, 19 (Address) 633 Metropolitan Bldg

*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: Pond MO

DATE OF BURIAL: July 18 1927

20. UNDERTAKER: Thos J Finan

ADDRESS: 1198 Grand

Dr Dudley