

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

Do not use this space.

**33813**

**1. PLACE OF DEATH**

County Jackson  
Township Prairie  
City Little Blue, Mo.

Registration District No. 400  
Primary Registration District No. 5603B.

File No. \_\_\_\_\_  
Registered No. 119 Ward \_\_\_\_\_

**2. FULL NAME**

William J. Wood

(a) Residence. No. Jackson Co. Home St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-19-1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73 1 17

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Painter  
(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) Iowa

10. NAME OF FATHER Alonso Wood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) R.I.

12. MAIDEN NAME OF MOTHER Mary S. Murdy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Conn.

14. INFORMANT J. W. Hostetter (Address) Little Blue Mo

15. File No. 2006-27 1927 Z. M. Schick REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-6-1927

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1927, to Nov. 6, 1927 that I last saw h. live on 3rd day of Nov., 1927, and that death occurred, on the date stated above, at 2:35 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic myo carditis  
93c  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY 90B  
(SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

**WHAT TEST CONFIRMED DIAGNOSIS:**

(Signed) J. H. Green, M. D.  
, 19 (Address) Independence 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 Suburgue Iowa DATE OF BURIAL Nov 9 1927

20. UNDERTAKER Support Undertakers ADDRESS C. B. Mo

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.

JAN 5

