

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.

2318

1. PLACE OF DEATH

County St. Francois Registration District No. 994 File No. 7
Towship " " Primary Registration District No. 4460 Registered No. " "
City Riversville (No. 621) St. " " Ward " "

2. FULL NAME Lucinda Wood

(a) Residence No. " " St. " " Ward. " " (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF " "
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20. 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 2 5 " "

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(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) Madison Co.

10. NAME OF FATHER Dont no
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) dont no
12. MAIDEN NAME OF MOTHER dont no
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) dont no

14. INFORMANT Clarence Wood (Address) Riversville Mo.

15. FILE NO. Feb 9, 28 REGISTRAR F. L. Keith

B MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-25-1928
17. I HEREBY CERTIFY, That I attended deceased from 1-21-28 to 1-25-28, 1928 that I last saw her alive on 1-21-28, 1928, and that death occurred, on the date stated above, at 8 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial pneumonia
191
107A (duration) 4 mos. 4 da.
CONTRIBUTORY Chronic Indesential Nephritis (SECONDARY) (duration) 2 yrs. " " da.

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? Microscopic
(Signed) O. J. Hyatt, M. D.
, 19 28 (Address) Flat River 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 Big River Cemetery DATE OF BURIAL Jan. 27 1928

20. UMBERTAKER C. J. Boyer ADDRESS Desloge Mo.

8

6
1
42

10