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

Do not use this space.
Doubler 4619

File No. 318
Registered No. 124

1928

1. PLACE OF DEATH
County: Greene
Registration District No.
Township:
Primary Registration District No. 2001
City: Springfield (No. 509 N. Division St. Ward)

2. FULL NAME: Elizabeth Wood
(a) Residence. No. 509 W. Division 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 George A. Wood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 9 1872

7. AGE: Years 56 | Months 1 | Days 10 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(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): Canada

PARENTS
10. NAME OF FATHER: Donald Urquhart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: George A. Wood
(Address): Springfield, Mo.

15. FILED 2-19-1928 O C Horst MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1927, to Feb 19, 1928, that I last saw h. alive on Feb 18, 1928, and that death occurred, on the date stated above, at 2:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malignant Lymph adenoma
Left side of neck
53E
(duration) yrs. 10 mos. ds.

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

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
(Signed) F. N. Faulkner, M. D.
, 19 (Address) 401 St

*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: Green Lawn Cemetery — DATE OF BURIAL: Feb 20 1928
20. UNDERTAKER: J. H. Kingsbury Co. Springfield Mo. — ADDRESS: 1240 Boonville St