

OCT 30 1928

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

Do not use this space.

31206

1. PLACE OF DEATH

County Newton
Township Granby
City Granby (No. St. Ward)

Registration District No. 614
Primary Registration District No. 4355

File No. 18
Registered No. 34

2. FULL NAME

Eliza Florence Messick Wood

(a) Residence. No. 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

2. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 23 1928
17. I HEREBY CERTIFY, That I attended deceased from Sept 21 1928, to Sept 23 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF J. W. Wood

that I last saw him alive on Sept 21 1928, and that death occurred, on the date stated above, at 6:40 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12-1848

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 7 11

Abdominal tumor probably cancerous probably 4 years

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) 416 (duration) yrs. mos. ds. 53 1/2

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH:

10. NAME OF FATHER Eliza Messick

8 DID AN OPERATION PRECEDE DEATH: DATE OF

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

18. WAS THERE AN AUTOPSY?

12. MAIDEN NAME OF MOTHER Sarah Jefferson

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Dr. Rolens, M. D.

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

9-24-1928 (Address) Granby Mo

14. INFORMANT (Address) Mrs. Eliza Wood, Granby 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.

15. FILED 9-24-1928 M. P. Palmer REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Granby Cemetery DATE OF BURIAL Sept 24 1928

20. UNDERTAKER Fadutman ADDRESS Granby Mo

M. 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.

ATTENTION is very important
in this case.

Every item of property classified
as "Secret" should be properly classified.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Newton Registration District No. 614 File No. 18
 Township Granby Primary Registration District No. 4553 Registered No. 34
 City Granby (No.) St. Ward

2. FULL NAME Eliza Florence M. Hood
 (a) Residence. No. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** M
 (write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.

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

(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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 23 1928
17. I HEREBY CERTIFY That I attended deceased from, 19....., and that I last saw him alive on, 19....., and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Abdominal tumor probably cancerous of large Intestine
 (duration) probly 4 yrs yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED 45
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. P. Palmer, M. D.
 , 19..... (Address)

*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 DATE OF BURIAL
 19.....

20. UNDERTAKER ADDRESS

N. B.—Every item of information should be stated EXACTLY. PH. SICILIANO, Registrar.
 CAUSE OF DEATH in plain terms, so that the Exact statement of OCCUPATION of DECEASED
 REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

FILED 9-24, 1928 M. P. Palmer REGISTRAR

5-31204