DEC 29 1928

Drw

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

Do not use this space.

37630

File No. .....

Registered No. 69

1. PLACE OF DEATH

County: Miss.

Township: St. James

City: East Prairie Mo (No. ..... St. ..... Ward)

Registration District No. 567

Primary Registration District No. 5963

2. FULL NAME Amelia L. Gibson 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.

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): ~~Widowed~~

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John ~~Wesley~~ Wood

6. DATE OF DATH (MONTH, DAY AND YEAR): July 28 - 1869

7. AGE: Years 59 | Months 3 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housekeeper ~~farmer~~
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Decatur Co.
(STATE OR COUNTRY): Tenn.

PARENTS

10. NAME OF FATHER: Stephen Gibson

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

12. MAIDEN NAME OF MOTHER: Amt Kuhn

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

14. INFORMANT: Guy C. Wood
(Address): East Prairie Mo

15. FILED 12-8-28, 19..... Chas M. Hodge, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 23 - 1928.

17. I HEREBY CERTIFY, That I attended deceased from Nov - 1, 1928, to Nov 23, 1928 that I last saw h. alive on Nov 20 - 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

(duration) 74 dy 23 yrs. ..... mos. ..... ds.

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

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Leo M. Whitaker, M. D

12-4-1928 (Address) East Prairie 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: Dogwood

DATE OF BURIAL: Nov 25 1928

20. UNDERTAKER: Lewis Shelby

ADDRESS: East Prairie