WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD MAR 23 1929

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.

53
2
6
262
2
31
31

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

Do not use this space.

7039

1. PLACE OF DEATH
County Laclede
Township
City Lebanon (No. ..... St. ..... Ward)
Registration District No. 449
Primary Registration District No. 4267
File No.
Registered No. 1528

2. FULL NAME Lydia N. 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

3. SEX: F
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: M. C. Wood

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 14 1860

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 68 | 10 | 3 | |

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): Ky.

PARENTS
10. NAME OF FATHER: John B. Edwards
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: VI
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): .....

14. INFORMANT (Address): Mrs. Walter West, Lebanon Mo.

15. FILED 2/18, 19.. J. M. Billings, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1929, to Feb 17, 1929, that I last saw h. ..... alive on Feb. 17, 1929, and that death occurred, on the date stated above, at 9:55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Lobar

108 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 101A

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place death
DID AN OPERATION PRECEDE DEATH? no. DATE OF none
WAS THERE AN AUTOPSY? Physical
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. L. Benage, M. D.
, 1929 (Address) Lebanon, 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: Oakland Cemet
DATE OF BURIAL: 2/19 1929

20. UNDERTAKER: Palmer
ADDRESS: Lebanon Mo