

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

Do not use this space.

21369

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 5554
 City Fairland Heights (No. 1731 Crescent) St. _____ Ward _____

File No. _____
 Registered No. 217
 St. _____ Ward _____

2. FULL NAME

Lucy M. Wood
 (a) Residence No. 1731 Crescent 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 <u>Fe.</u> | 4. COLOR OR RACE <u>wh.</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George D. Wood</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 13 - 1866</u> | | | | |
| 7. AGE | YEARS <u>62</u> | MONTHS <u>7</u> | DAY <u>18</u> | If LESS than 1 day,hrs. ormin. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____ | | | | |
| 9. BIRTHPLACE (CITY OR TOWN) <u>Clayton</u> (STATE OR COUNTRY) <u>Ill.</u> | | | | |
| PARENTS | 10. NAME OF FATHER <u>George M. Baird</u> | | | |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Ill.</u> (STATE OR COUNTRY) | | | |
| | 12. MAIDEN NAME OF MOTHER <u>Mrs. M. Moore</u> | | | |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Ohio</u> (STATE OR COUNTRY) | | | |
| 14. INFORMANT <u>George D. Wood</u> (Address) <u>1731 Crescent</u> | | | | |
| 15. FILED <u>6-3, 1929</u> <u>F. L. Cook</u> REGISTRAR | | | | |

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-1-1929

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1929, to June 1, 1929, that I last saw him alive on June 1, 1929, and that death occurred, on the date stated above, at 10:18 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma -
46 B Rectum
176 D Stomach
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 45
 (duration) yrs. mos. ds.

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

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS alors
 (Signed) W. Miller, M. D.
6-3, 1929 (Address) 10307 Indep Ave

*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 <u>Pleasant Hill, Mo.</u> | DATE OF BURIAL <u>6-3, 1929</u> |
| 20. UNDERTAKER <u>Mrs. C. Foster</u> | ADDRESS <u>City, Mo.</u> |

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 25 1929

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