

JUL 27 1929

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

Do not use this space.

22297

1. PLACE OF DEATH

County Pike

Registration District No. 689

File No. ....

Township Louisiana

Primary Registration District No. 3033

Registered No. ....

City Louisiana

No. 402 Mansion

St. .... Ward)

2. FULL NAME

John Wood  
(a) Residence, No. 402 Mansion St.

Ward. ....

(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

Male

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

Lurilla E.

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

2-27-1854

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>hrs.</u> or <u>min.</u>
<u>75</u>	<u>3</u>	<u>24</u>	<u>—</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) Building Carpenter

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Mason Co

(STATE OR COUNTRY)

va

10. NAME OF FATHER

Fount Wood

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

va

12. MAIDEN NAME OF MOTHER

Mary Eads

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

va

14.

INFORMANT Mrs Lurilla E Wood  
(Address) Louisiana Mo

15.

FILED 6/12, 1929 J. O. Haley  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/11 1929

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., and that I last saw h..... alive on....., 19....., at....., and that death occurred, on the date stated above, at..... 9:30 p m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Natural Causes -  
more than likely Apoplexy  
B2A

CONTRIBUTORY (SECONDARY)

MVA

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19 DID AN OPERATION PRECEDE DEATH? Yes DATE OF About 15 yrs ago

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. H. Hendrix Coroner  
6/12, 1929 (Address) Rawling Green Mo

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Reverew Louisiana Mo

DATE OF BURIAL

6/12 1929

20. UNDERTAKER

J. O. Haley

ADDRESS

Louisiana Mo

X. R.—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.

WRITE PLAINLY, WITH OBTAINING INFORMATION IS A FURNISHMENT

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7  
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PARENTS

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