

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

Do not use this space.

40702

1. PLACE OF DEATH

County Jackson
Township Law
City KE MO

Registration District No. 330
Primary Registration District No. 8 30 36

File No. 22107
Registered No. 22107
St. St. Mary Hospital Ward

2. FULL NAME

W²⁴ Wood
(a) Residence. No. 307 50 Topping 10 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Mattie Wood</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 11 - 1876</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>5</u>
	DAYS <u>9</u>	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Ciffield</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>		
10. NAME OF FATHER <u>John Wood</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>		
12. MAIDEN NAME OF MOTHER <u>Richel Gault</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
14. INFORMANT (Address) <u>Roy C. Wood</u> <u>703 E 10</u>		
15. FILED <u>17</u> 11 19 <u>29</u> <u>M. M. Crowe</u> <u>am</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

4. **16. DATE OF DEATH (MONTH, DAY AND YEAR)** Dec 11 19 29

17. I HEREBY CERTIFY, That I attended deceased from 12/4 1929, to 12/11 1929, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia (7 days)
acute dilatation of
heart. (2 hrs)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arterio sclerosis, & hypertension
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IND
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. J. O'Connell, M. D.
12/11 19 29 (Address) 4178 Cambridge

*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>Evered cpla</u>	DATE OF BURIAL <u>12-12-29</u>
20. UNDERTAKER <u>Mrs C. L. Foster</u>	ADDRESS <u>KE 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.

20 Terminal
Bldg
D.