

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

Do not use this space.

12553

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Raw Primary Registration District No. \_\_\_\_\_  
City R.C. (No. 3226 E 8) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1170

**2. FULL NAME**

Julia V. Wood  
(a) Residence No. 3226 E 8 St. 9 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>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. Wood</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 22, 1887</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>5</u>
	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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) Tenn  
(STATE OR COUNTRY)

10. NAME OF FATHER W. P. Caimack

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

12. MAIDEN NAME OF MOTHER Buchong

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know  
(STATE OR COUNTRY)

14. INFORMANT J. H. Wood  
(Address) 755 R St. Louis

15. FILED 4/3 30 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 2, 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1930, to Apr. 2, 1930, that I last saw her alive on Mar 15, 1930, and that death occurred, on the date stated above, at 9:00 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cancer of Liver  
H&E  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 44 B  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? \_\_\_\_\_

21. WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) H. R. Galt, M. D.  
4/3 1930 (Address) 626 Larchmont Bldg.

\*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 Sareevie, Mo DATE OF BURIAL Apr 4 1930

20. UNDERTAKER C. H. Blackman & Son ADDRESS 2825 Dupuy

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.

