

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.

OCT 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County Cedar

Registration District No. 165

Township

Primary Registration District No. 4297

City Stockton

(No.

St.

Ward)

2. FULL NAME Nora Carolina 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

Female

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

Ray Wood

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

Dec. 18, 1892

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

37

8

28

8. OCCUPATION OF DECEASED

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

Housewife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Wright Co. Missouri

(STATE OR COUNTRY)

10. NAME OF FATHER

J.T.Lemons

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

not certain

(STATE OR COUNTRY)

Jefferson Co., Mo.

12. MAIDEN NAME OF MOTHER

Bledsoe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Wright Co

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

(Address)

Ray Wood
Stockton, Mo.

15.

FILED

Oct 30

E. S. Smith
Mary Boyless

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept. 16, 1930

17.

I HEREBY CERTIFY, That I attended deceased from

19 28 to Sept 16, 19 30

that I last saw him alive on Sept 16, 19 30, and that death occurred, on the date stated above, at 7 p.m.

23A THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

E. S. Smith

M. D.

Sept 17, 1930

(Address)

Stockton 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

DATE OF BURIAL

Little Creek, -Hartville

9/18 1930

20. UNDERTAKER

ADDRESS

W.C.DAVIS & CO.

Stockton, Mo

