

NOV 28 1930

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

Do not use this space.

33943

1. PLACE OF DEATH

County St. Francois  
Township Pendleton  
City Live Oak (No. \_\_\_\_\_)

Registration District No. 273  
Primary Registration District No. 6023

File No. \_\_\_\_\_  
Registered No. 148  
St. \_\_\_\_\_ Ward)

2. FULL NAME

Edwin M. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. M. Wood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March - 10 - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 7 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington Co. Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Jno. W. Wood

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

12. MAIDEN NAME OF MOTHER Sarah Eaton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

14. INFORMANT Edw. Smith  
(Address) Elving Mo.

15. FILED 1029, 1930 B. J. Robinson  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1930, to Oct 28, 1930, that I last saw him alive on Oct 27, 1930, and that death occurred, on the date stated above, at 12:00 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

97th year  
130 Acute Dysentery

CONTRIBUTORY (SECONDARY)

160  
(duration) yrs. mos. ds.  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Home

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Cleaveland's

(Signed) Rappaport, M. D.

Oct 29, 1930 (Address) Farmington 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

Masone Cem. Live Oak Mo. 10-20 1930

20. UNDERTAKER ADDRESS

Joe Deemer Live Oak Mo.

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.

