

NOV 28 1930

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

Do not use this space.

35228

1. PLACE OF DEATH

County W. Va.
Township Clatchall
City W. Va. (No.)

Registration District No. 903
Primary Registration District No. 6212

File No.
Registered No. 75
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wyatt C. Hood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 27, 1947

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 9 24

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Retired housewife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

10. NAME OF FATHER Peter Cline

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

12. MAIDEN NAME OF MOTHER Polly Carter

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

14. INFORMANT (Address) Henry Hood
Grant City, Mo.

15. FILED 10/27/30 1930 John Redvers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 21 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 19 1930, to Oct 21 1930 that I last saw her alive on Oct 21 1930, and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
10:15
10:18
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF L

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) J. P. Shapps M. D.
Oct. 17, 1930 (Address) Grant City 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
Grant City Cemetery 10/22/1930

20. UNDERTAKER ADDRESS
Arch C. Duffell Grant City

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.

