

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

Do not use this space.

36397

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No.           )

Registration District No. 388  
Primary Registration District No. 100  
St Lukes Hospital

File No. 4807  
Registered No. 4807  
St.            Ward           

**2. FULL NAME** Oval Anthony Wood

(a) Residence, No. 4213 East 58th St. St. 16 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 Male 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 Laura D. Wood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 25, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 10 0

8. OCCUPATION OF DECEASED Instructor  
(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed (or employer) Central High  
(c) Name of employer K. C. Mo.

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

10. NAME OF FATHER Dr. J. T. Wood

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

12. MAIDEN NAME OF MOTHER Ellen Taylor

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

14. INFORMANT Mrs. Laura D. Wood  
(Address) 4213 East 58th St.

15. FILED 11/28, 1930 M. M. Kerowe REGISTRAR  
Assr

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 25, 1930<sup>19</sup>

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1930, to Nov 25, 1930, that I last saw him alive on Nov 24, 1930, and that death occurred, on the date stated above, at 4 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cavernous sinus thrombosis  
Multiple abscesses of lung  
Septis  
11/20 (duration) yrs. mos. 14 ds.

CONTRIBUTORY Wisdom tooth extracted  
(SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF           

WAS THERE AN AUTOPSY? Yes  
WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
(Signed) H. A. Berrygo, M. D.

11-25, 1930 (Address) Medical 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 Mt Moriah Cemetery DATE OF BURIAL 11-28-30<sup>19</sup>

20. UNDERTAKER R.V. Lindsey & Sons, Inc. ADDRESS Kans City 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.

B. H. A. Brayford