

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

Do not use this space.

664

**1. PLACE OF DEATH**

21 County Cooper

Registration District No. 218

File No. 15

Township \_\_\_\_\_

Primary Registration District No. 3015

Registered No. 218

9 City Boonville (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. John S. 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)**

widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

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

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

about 89 years.

**8. OCCUPATION OF DECEASED**

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

(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) Missouri

**10. NAME OF FATHER**

Jacob Keith

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ohio

**12. MAIDEN NAME OF MOTHER**

May Wilson

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Kentucky

**14.**

INFORMANT Mrs. Oscar Klein

(Address) Boonville Mo

**15.**

FILED Feb 31 1931

G. A. Russell  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan 30 1931

**17. I HEREBY CERTIFY, That I attended deceased from**

2:30 p.m., 1931, to 9:00 a.m. 1931

that I last saw him alive on Jan 30th, 1931, and that death occurred, on the date stated above, at 1042 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bronchial pneumonia

IIA

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

**CONTRIBUTORY (SECONDARY)** Influenza

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds.

**18. WHERE WAS DISEASE CONTRACTED**

NOT AT PLACE OF DEATH

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

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) B. L. Evans M. D.

Feb 2, 1931 (Address) Boonville 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**

Walnut Grove Cem

Feb 1 1931

**20. UNDERTAKER**

**ADDRESS**

Goodman and Daller Boonville 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.

**FEB 18 1931**

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