WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

3892

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1138

City St. Louis (No. 4477 Delmar St. ..... Ward)

2. FULL NAME Sarah M. Wood

(a) Residence. No. 4477 Delmar Blvd St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Wm Wood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-8-1862

7. AGE: Years 68 | Months 5 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 735
(b) General nature of industry, business, or establishment in which employed (or employer) Own home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Co
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER John F. Howell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Charles, Co
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Sarah McCourtney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky -2
(STATE OR COUNTRY)

14. INFORMANT Mrs. H. M. Waters
(Address) 5416 Hadiamont St. Louis

15. FILED 29 1931 19 Max C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 27 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1931, to Jan 27, 1931, that I last saw her alive on Jan 27, 1931, and that death occurred, on the date stated above, at 10:15 - P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Double Lobar Pneumonia
108
93C, (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis, (duration) yrs. 3 mos. ds.

108

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John D Poe, M. D.
1/28, 1931 (Address) 1492 Hodiamont

*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: Bethel Cem - Pond, Mo
DATE OF BURIAL: 1-30 1931

20. UNDERTAKER: Schrader Und. Co.
ADDRESS: Ballwin Mo.