

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

Do not use this space.

43076

1. PLACE OF DEATH
 County Schuyler Registration District No. 802
 Township Dunning Primary Registration District No. 4451
 City Dunning (No.) St. Ward)

2. FULL NAME Barbara Woods
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Salomon Wood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 19 1846</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>0</u>
	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1918</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelby Co. Ill</u>		
MOTHER	13. NAME <u>Wm Montgomery</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
	15. MAIDEN NAME <u>Elizabeth Wigger</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
17. INFORMANT <u>Jerry White</u> (ADDRESS) <u>Dunning 140</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dunning</u> DATE <u>Dec 9 1931</u>		
19. UNDERTAKER <u>Robert H. Moore</u> (ADDRESS)		
20. FILED <u>Dec 9, 1931</u> <u>J. B. Bridges</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1931
 22. I HEREBY CERTIFY, That I attended deceased from July 1 1931, to Dec 8 1931
 I last saw her alive on Dec 8 1931 Death is said to have occurred on the date stated above, at 9 A.M.
 The principal cause of death and related causes of importance were as follows:

Nephritis, Chronic Date of onset
131
728/31
 Other contributory causes of importance:
W. of compensating heart

Name of operation none Date of 5
 What test confirmed diagnosis? urine Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19...
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) J. B. Bridges M. D.
 (Address) Dunning 140

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.

