

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

Do not use this space.

10000

1. PLACE OF DEATH

96 County St. Louis, Registration District No. 1123
Township Carondelet Primary Registration District No. 6248 B
City Jefferson Barracks (No. Jefferson Barracks St. Ward)

File No.
Registered No. 102

2. FULL NAME Sylvia Wood-Smith

(a) Residence, No. Hillcrest Country Club, Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 10 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 18 3/4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County, Missouri

FATHER 13. NAME George Wood-Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow, Scotland

MOTHER 15. MAIDEN NAME Josephine Wiczosek

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT (ADDRESS) Geo. J. Wood-Smith Hillcrest Country Club

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE 3-28-32, 1932

19. UNDERTAKER (ADDRESS) Southern Grand Blvd

20. FILED Mar 27 1932 L. C. O'Connell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25-1932

22. I HEREBY CERTIFY, That I attended deceased from , 1932, to , 1932

I last saw h. alive on , 1932. Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Accidentally drowned when she fell in a cistern on father's farm, while playing

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis Physical signs Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 3-25-32

Where did injury occur? Jefferson Barracks (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On father's farm

Manner of injury falling
Nature of injury drowning

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) John O'Connell, M. D.
(Address) Crosser of St. Louis County

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.

MARGIN RESERVED FOR BINDING

NO. 2

APR 29 1932

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6
1871
John Deane
No. 110

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1871