

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.

MAY 24 1932

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

Do not use this space.

12177  
~~13177~~

1. PLACE OF DEATH  
 County Franklin Registration District No. 297  
 Township Washington Primary Registration District No. 2016  
 City Washington (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Louis M Wood  
 (a) Residence, No. 3rd & Elm Str St. 2 Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 26

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</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>Leona North Wood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 28th-1870</u>		
7. AGE <u>62</u> YEARS	<u>3</u> MONTHS	<u>2</u> DAYS
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farming</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1932</u>	
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boles Twp Franklin Co Mo</u>		
FATHER	13. NAME <u>Charles Wood</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Martha Ellen Murdock</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Charles County Missouri</u>	
17. INFORMANT <u>Frank Wood</u> (ADDRESS) <u>3rd &amp; Elm</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Labadie Mo</u> DATE <u>May 3</u> 19 <u>32</u>		
19. UNDERTAKER <u>Otto &amp; Co</u> (ADDRESS) <u>2nd &amp; Elm Str</u>		
20. FILED <u>May 2</u> 19 <u>32</u> <u>O. L. Munnick</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on April 30, 1932 Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Pulmonary Tuberculosis  
of Jung  
250  
203  
5

Other contributory causes of importance:  
Pulmonary hemorrhage

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Natural Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

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

(Signed) Thos. P. Shaffer Coroner (Signed) \_\_\_\_\_ M. D.  
 (Address) Sullivan mo

1961 07 11 09