

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

Do not use this space.

19685

1. PLACE OF DEATH Jackson Registration District No. 389  
 County Jackson Township Jean Primary Registration District No. 100  
 City K.C. Mo (No. 15226 Scarritt) St. 10 Ward 10  
 2. FULL NAME Robert Julius Wood  
 (a) Residence, No. 5226 Scarritt St., 10 Ward. (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.

File No. 1  
 Registered No. 2495  
 St. 10 Ward 10

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Child  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1932  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0 45 min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
 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  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Mo - 1  
 FATHER 13. NAME Roy C. Wood  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jean 2  
 MOTHER 15. MAIDEN NAME Rhea Kitchel  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Mo 1  
 17. INFORMANT Roy C. Wood  
 (ADDRESS) 3226 Scarritt  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE June 23, 1932  
 19. UNDERTAKER Rose Henderson  
 (ADDRESS) 4139 E. 15th  
 20. FILED 6/23 19 32 M. M. Crowe Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1932  
 22. I HEREBY CERTIFY That I attended deceased from June 22, 1932 to June 22, 1932  
 I last saw h.t.m. alive on June 22, 1932 Death is said to have occurred on the date stated above, at 5:00 m.  
 The principal cause of death and related causes of importance were as follows:  
atletetaxis Date of onset 6/22/32  
159  
161A 159 0  
 Other contributory causes of importance:  
Premature Birth 8th mo. 4/29/32  
 Name of operation None Date of           
 What test confirmed diagnosis? observed 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         , 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?  
 If so, specify           
 (Signed) Wallaughan M. D.  
 (Address) 6900 Washington Park Blvd  
Kansas City 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.

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

5226 Dr Colloghan  
Scarrth  
B&P