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

Do not use this space.

1 495

1. PLACE OF DEATH

County Nodaway. Registration District No. 625 File No.

Township Polk. Primary Registration District No. 3031 Registered No. 28

City Maryville. Mo. (No. , St. Ward)

2. FULL NAME Charley Byron Wood.

(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: Male
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 26. 1868

7. AGE: YEARS 74 MONTHS 5 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith.
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): Ohio.

FATHER
13. NAME: Isaac M. Wood.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

MOTHER
15. MAIDEN NAME: Mary A. Dildine.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin.

17. INFORMANT (ADDRESS): Charley Wood. Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopkins Mo. DATE March 3 1933

19. UNDERTAKER (ADDRESS): Price Funeral Home. Maryville Mo.

20. FILED 3-3 1933 Mamie E. Clardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1933 19

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1933, to March 2, 1933

I last saw him alive on March 2, 1933. Death is said to have occurred on the date stated above, at 7 a.m.

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

Acute Dilatation of Heart. 131

Date of onset

Other contributory causes of importance:
Old Myocarditis + Endocarditis
Chronic Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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) Chas. T. Lee, M. D.
(Address) Maryville, Mo.

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

MARGIN RESERVED FOR BINDING

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.

S. NO. 2