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.

MAY 24 1933

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

Do not use this space.

15387

1. PLACE OF DEATH
County Saline — Registration District No. 799 — File No.
Township — Primary Registration District No. 4479 — Registered No. 13
City Slater (No. ... St. ... Ward)

2. FULL NAME Josephine B Wood
(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Robt Wood
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 4-1851
7. AGE YEARS 81 MONTHS 4 DAYS 4 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Missouri

FATHER
13. NAME Conrad A Claycomb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berkley Co Virginia

MOTHER
15. MAIDEN NAME Susan Sutton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs W B Pemberton R 2 Marshall Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Horeb Near Slater DATE April 10, 1933
19. UNDERTAKER (ADDRESS) Jones & Salzer Slater Mo
20. FILED April 10, 1933 W M Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1933 to April 8, 1933
I last saw her alive on April 8, 1933. Death is said to have occurred on the date stated above, at 1P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy acute fibrinous	4-4-33
110	

Other contributory causes of importance: Pericarditis acute fibrinous

Name of operation none Date of
What test confirmed diagnosis? symptoms Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury, 19
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J Caldwell, M. D.
(Address) Slater Mo