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.

SEP 26 1933

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

Do not use this space.

27461

1. PLACE OF DEATH
County St Francois
Township Randolph
City ~~Flat River~~ (No. ..... , ... St. ..... Ward)
Registration District No. 994
Primary Registration District No. 6018B
File No. 380
Registered No. .....

2. FULL NAME Died unnamed — Woods

(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 Boy
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-21-33
7. AGE YEARS MONTHS DAYS 5 hours If LESS than 1 day, 5 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) Flat River mo

FATHER
13. NAME Jno N. Wood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flat River mo

MOTHER
15. MAIDEN NAME Mildred Lorine Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E Lima mo

17. INFORMANT (ADDRESS) John N. Wood
18. BURIAL, CREMATION, OR REMOVAL Bismarck mo DATE 8-22 1933
19. UNDERTAKER (ADDRESS) Caldwell Bros Flat River mo
20. FILED Sept 5 1933 W J Bryan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22, 1933
22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1933, to 8-22, 1933
I last saw him alive on 8-21, 1933. Death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

Premature
7 months gestation
159

Date of onset

Other contributory causes of importance:

154

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 ....., 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) C B Farrar, M. D.
(Address) Flat River mo