

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.

NOV 10 1933

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

Do not use this space

34021

1. PLACE OF DEATH

County *Pettis*
Township *Green Ridge*
City *Shirley June Wood* (No. *664*)

Registration District No. *664*
Primary Registration District No. *5882*

File No. _____
Registered No. *16*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Child*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Child*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *6-4-1931*

7. AGE YEARS *2* MONTHS *4* DAYS *5* If LESS than 1 day, _____ hrs. or _____ min.

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) *Chambersburg, Pa.*

13. NAME *J. Buster Wood*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

15. MAIDEN NAME *Nancy Lee Farley*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Beaman*

17. INFORMANT (ADDRESS) *Nancy Lee Wood*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Green Ridge Cem* DATE *Oct-11-1933*

19. UNDERTAKER (ADDRESS) *Chambersburg, Pa.*

20. FILED *Oct 10 1933* *Chambersburg, Pa.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 9th*, 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 30*, 1933, to *Oct 9*, 1933

I last saw her alive on *Oct 9*, 1933. Death is said

to have occurred on the date stated above, at *2:30 p.m.*

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

Whooping-cough Date of onset *9/10/33*

2013 *9* Other contributory causes of importance *acute ileo-colitis* *9/29/33*

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) *H. A. Hite*, M. D.

(Address) *Green Ridge, Mo.*

