

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

Do not use this space.

37430

1. PLACE OF DEATH

County Perry
Township Central
City Perryville (No. _____)

Registration District No. 660
Primary Registration District No. 4396

File No. 497
Registered No. _____
St. _____ Ward _____

FULL NAME JOSEPH 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 1933

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

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) Perryville, Mo.

13. NAME Herman J. Wood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville, Mo.

15. MAIDEN NAME Evelyn Vinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co., Mo.

17. INFORMANT Herman J. Wood (ADDRESS) Perryville

18. BURIAL, CREMATION, OR REMOVAL PLACE Ant. Hope Cemetery DATE Nov. 19 1933

19. UNDERTAKER Bay Undertaking Co. (ADDRESS) Jay Selig Bay

20. FILED Nov 19 1933 Ed. J. Brewer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1933, 19 _____

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1933, 19 _____, to Nov 19 1933, 19 _____

I last saw him alive on Nov 18 1933, 19 _____ Death is said to have occurred on the date stated above, at 5 A m.

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

159
Premature birth
Other contributory causes of importance: _____
Date of onset _____

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? _____
If so, specify _____

(Signed) Spencer Bailey, M. D.
(Address) Perryville

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.

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4

