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.

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

Do not use this space.

40857

1. PLACE OF DEATH
County Newton
Township
City Neosho, (No. , St. Ward)

Registration District No. 609
Primary Registration District No. 4363

File No. 53
Registered No.

2. FULL NAME Noal C. 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 Martha Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11, 1896

7. AGE YEARS 37 MONTHS 10 DAYS 14 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. Miner
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) Decatur Arkansas

FATHER
13. NAME John William Wood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plymouth Wis

MOTHER
15. MAIDEN NAME Gertrude Castor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Mrs. Martha Wood Neosho Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gibson Cemetery DATE 12-27, 1933

19. UNDERTAKER (ADDRESS) Cody Thompson Neosho Mo.

20. FILED 12-26, 1933 Dr. E. M. Roseberry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1933, to Dec 25, 1933
I last saw him alive on Dec 23, 1933 Death is said to have occurred on the date stated above, at 12:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	5 yrs.
	6 yrs.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Physical 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?
If so, specify
(Signed) D. E. Cullers, M. D.
(Address) Neosho, Mo.

OCT 2 0 1953