

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

Do not use this space.

1555

**1. PLACE OF DEATH**

County Jackson  
Township Madison  
City Casthage (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 408  
Primary Registration District No. 8020

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1615 Belmont Ave 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 Alice J. Mc Mursey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1856

7. AGE YEARS 77 MONTHS 3 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

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) Elmira New York

13. NAME Thos M. Inwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orlando

15. MAIDEN NAME Katharine Woodruff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orlando

17. INFORMANT Mrs. P. J. Mc Mursey (ADDRESS) 1615 Belmont Ave - City

18. BURIAL, CREMATION, OR REMOVAL PLACE Casthage Cemetery DATE Jan 6 1934

19. UNDERTAKER Walter M. Peterson (ADDRESS) Casthage, Missouri

20. FILED Jan 5 1934 S. B. Clinton Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4 1933 to Jan 4 1934  
I last saw him alive on Jan 4 1934 Death is said to have occurred on the date stated above, at 9:10 p. m.  
The principal cause of death and related causes of importance were as follows:

Pyonephritis, bilateral of ureters

Date of onset Dec 1, 33  
Dec 20, 34

Other contributory causes of importance: arteriosclerosis postoperative prostatic hypertrophy

Name of operation prostatectomy Date of Jan 12 1934  
What test confirmed diagnosis? laboratory 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 \_\_\_\_\_

Where did injury occur? home (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) George H. Wood, M. D.  
(Address) Casthage Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 27 1934

