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.

53

MAY 25 1934

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

Do not use this space.

File No. 17254

Registered No.

1. PLACE OF DEATH

County Laclede — Registration District No. 449

Township Osage — Primary Registration District No. 5618

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Martha M. Wood

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Eliy Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 21 1877

7. AGE: YEARS 56 — MONTHS 6 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Ill

FATHER

13. NAME: William Daniel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Inda

MOTHER

15. MAIDEN NAME: Sarah Watson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Inda

17. INFORMANT (ADDRESS): Walter F. Wood

18. BURIAL, CREMATION, OR REMOVAL: Oakland Cemetery — DATE 5-9-1934

19. UNDERTAKER (ADDRESS): Holman & Stewart, Lebanon Mo

20. FILED 5/11 1934 J. A. McCourt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Coroner examination 19 ..... to 19 .....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 P. m.

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

	Date of onset
Cerebral Hemorrhage	
8 P.M.	
Coroners Case	

Other contributory causes of importance: [illegible]

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? No

If so, specify .....

(Signed) J. H. Summers, M. D.

(Address) Lebanon Mo