

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

Do not use this space:
17665

1. PLACE OF DEATH

County **Pettis**
Township
City **Sedalia**

Registration District No. **667**
Primary Registration District No. **3032**
(No. **317 E 6th**)

File No. **176**
Registered No. **668**
St. _____ Ward _____

2. FULL NAME **Matilda Wood**

(a) Residence, No. **317 E 6th** St. _____ Ward _____
(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) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Arthur Wood**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 1 1856**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 0 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At Home**
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) **Mo.**

13. NAME **King Whitlow**

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

15. MAIDEN NAME **Don't Know**

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

17. INFORMANT **Roy Wood**
(ADDRESS) **Sedalia Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Clinton Mo.** DATE **May 20 1934**

19. UNDERTAKER **Gillespie Funeral Home**
(ADDRESS) **Sedalia Mo.**

20. FILED **5-19-34 Jean Slack**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 18/34**, 19

22. I HEREBY CERTIFY, That I attended deceased from **May 15 1934** to **May 18 1934**
I last saw him alive on **May 18 1934** Death is said to have occurred on the date stated above, at **10:20 P.M.**
The principal cause of death and related causes of importance were as follows:

apoplexy
824
High Blood Pressure
Date of onset **May 15**

Other contributory causes of importance:

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 **Frank R Morley**, M. D.
(Signed) **Sedalia Mo**
(Address) _____

JUN 25 1934

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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