

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

Do not use this space.

1. PLACE OF DEATH

County Clark
Township.....
City Revere (No.)

Registration District No. 192
Primary Registration District No. 4115

File No. 19841
Registered No.
St. Ward)

2. FULL NAME Martha Jane Wood

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 6 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fr. W. 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 Stephen Wood.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 10 20

OCCUPATION 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) Missouri

FATHER 13. NAME Joseph Baird

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

MOTHER 15. MAIDEN NAME Mary King

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

17. INFORMANT (ADDRESS) Stephen Wood
Revere Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Revere Cem. DATE June 27, 1934

19. UNDERTAKER (ADDRESS) Fred J. Kalle
Revere Mo.

20. FILED June 25, 1934 J. F. McConnell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1934

22. I HEREBY CERTIFY That I attended deceased from May 20, 1934 to JUNE 24, 1934

I last saw her alive on JUNE 24, 1934 Death is said to have occurred on the date stated above, at 9:15 P.M.
The principal cause of death and related causes of importance were as follows:

ACUTE DILATATION OF HEART
ACUTE INDIGESTION
Other contributory causes of importance: ASTHMA

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) J. F. McConnell, M. D.
(Address) Revere

WASHINGTON

Clark

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Martha Jane Wood
Who died at _____ on June 24 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 74 Months 10 Days 20

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

as dilatation of heart, as indigestion
Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) Myersdale
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: No evidence of ulcer apparent death from dilatation of heart, and gaseous distention of stomach from indigestion

Other contributory causes of importance Asthma
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
When and 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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar J. L. McQuinn Date filed Oct 17 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 192

Very truly yours,

Primary Reg. Dist. No. 4115

E. T. Mc Gaugh m.d.
Special Agent. 30