

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township W Primary Registration District No. 3009
City Weldon (No. 613) Morgan Oak St. _____ Ward _____

File No. 23560
Registered No. 114

2. FULL NAME

(a) Residence, No. 613 Morgan Oak 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josephine Schaefer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 5 - 1899</u>		
7. AGE YEARS <u>35</u>	MONTHS <u>10</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe worker</u>		
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 <u>9 yrs</u>
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>St Louis Mo</u>		
13. NAME <u>J. B. Wood</u>		
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>St Louis Mo</u>		
15. MAIDEN NAME <u>Christian Williams</u>		
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Fort Knox Neb</u>		
17. INFORMANT (ADDRESS) <u>Mrs Josephine Wood 613 Morgan Oak</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Mary Cemetery</u> DATE <u>July 9 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Louisa Funeral Home 107 E. Sprigg</u>		
20. FILED <u>7-7-34</u> <u>J.M. Thompson</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25 1924 to July 7 1934
I last saw him alive on July 7 1934 Death is said to have occurred on the date stated above, at 4:00 Am.
The principal cause of death and related causes of importance were as follows:
Ascension of Pleura
125 ✓ W. S. W.
Other contributory causes of importance _____

Name of operation Exploratory Lap Date of Mar 1934
What test confirmed diagnosis? _____ 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. _____

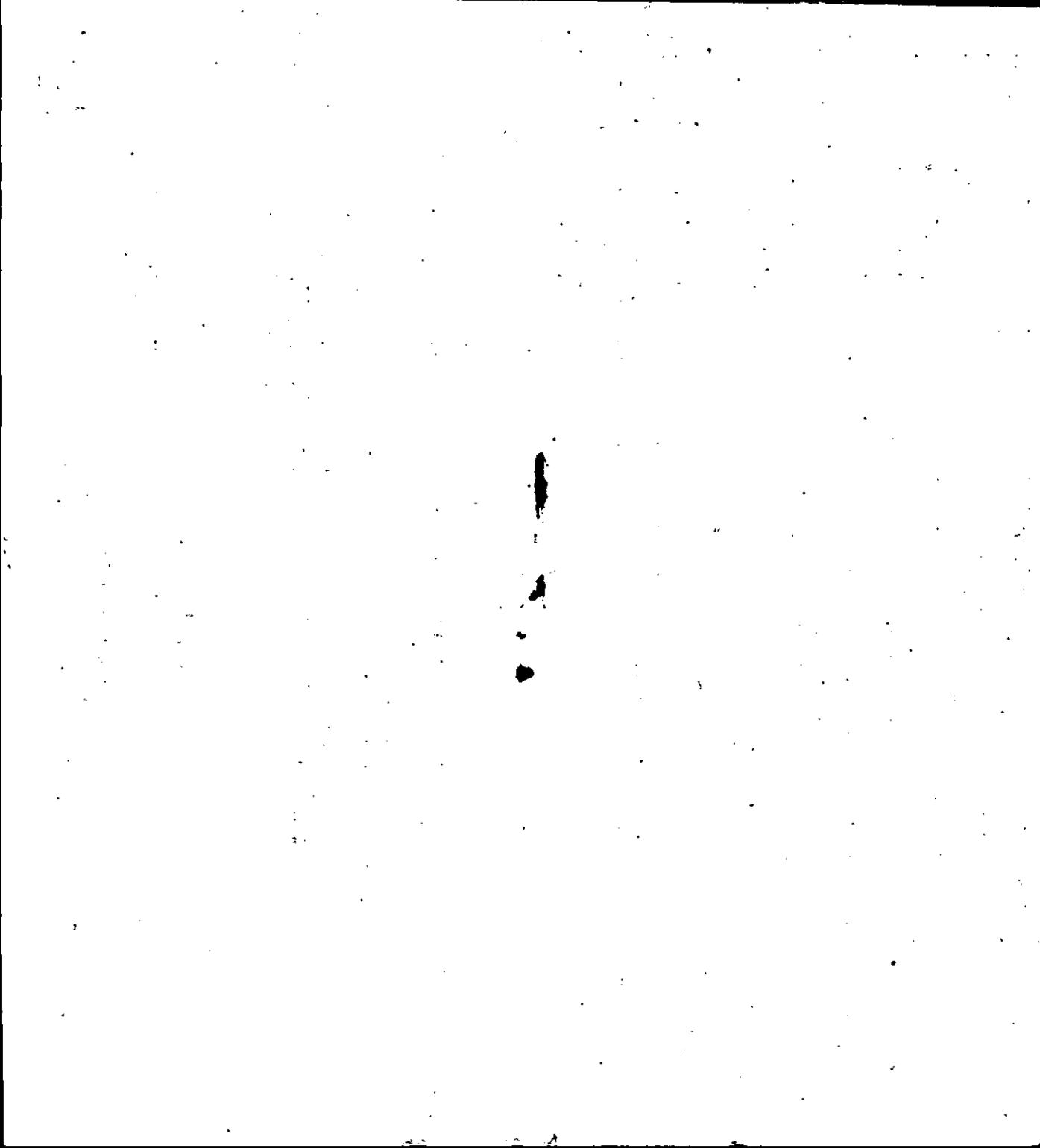
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Paul P. Williams M. D.
(Address) Cape Girardeau, Mo.

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 very important.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

16-1-8



Cape Girardeau

WASHINGTON

23560

114

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: Wm Jefferson Wood
Who died at _____ on July 7 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

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

Date of birth _____ Age: Years 35 Months 10 Days 2

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.

abscess of L. L. L.
Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) Was not tuberculous -
Birthplace of father (State or country) mixed in nature
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance _____
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____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician Paul R. Williams
Address of physician Cape Girardeau Mo.
Signature of Registrar [Signature] Date filed _____

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. 125

Very truly yours,

E. T. McGaugh
State Registrar

Primary Reg. Dist. No. 3009

Special Agent.

