

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

Do not use this space.

OCT 1 1934

28176

1. PLACE OF DEATH

County Adair
Township Walnut
City Yarrow (No. _____)

Registration District No. 1057
Primary Registration District No. 5009

File No. 4
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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. Yarrow Mo.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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>Emma Lee Wood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-28-1869</u>		
7. AGE	YEARS	MONTHS
	<u>65</u>	<u>5</u>
		DAYS
		<u>2</u>
	If LESS than 1 day, _____ hrs. or _____ min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	5. _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>53</u>	5. _____
	10. Date deceased last worked at this occupation (month and year) <u>1934</u>	11. Total time (years) spent in this occupation <u>16</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Jermiah Wood

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

MOTHER 15. MAIDEN NAME Jane Seebren

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

17. INFORMANT Emma Lee Wood
(ADDRESS) Yarrow Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Yarrow Mo DATE 9-1-1934

19. UNDERTAKER (ADDRESS) Dee Riley
Yarrow Mo

20. FILED 9 15 1934 Ray Douglas
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30-1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to July 1, 1934
I last saw him alive on July 1, 1934 Death is said to have occurred on the date stated above, at 2:30 P m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of jaw and neck
Date of onset _____

Other contributory causes of importance:
Senility

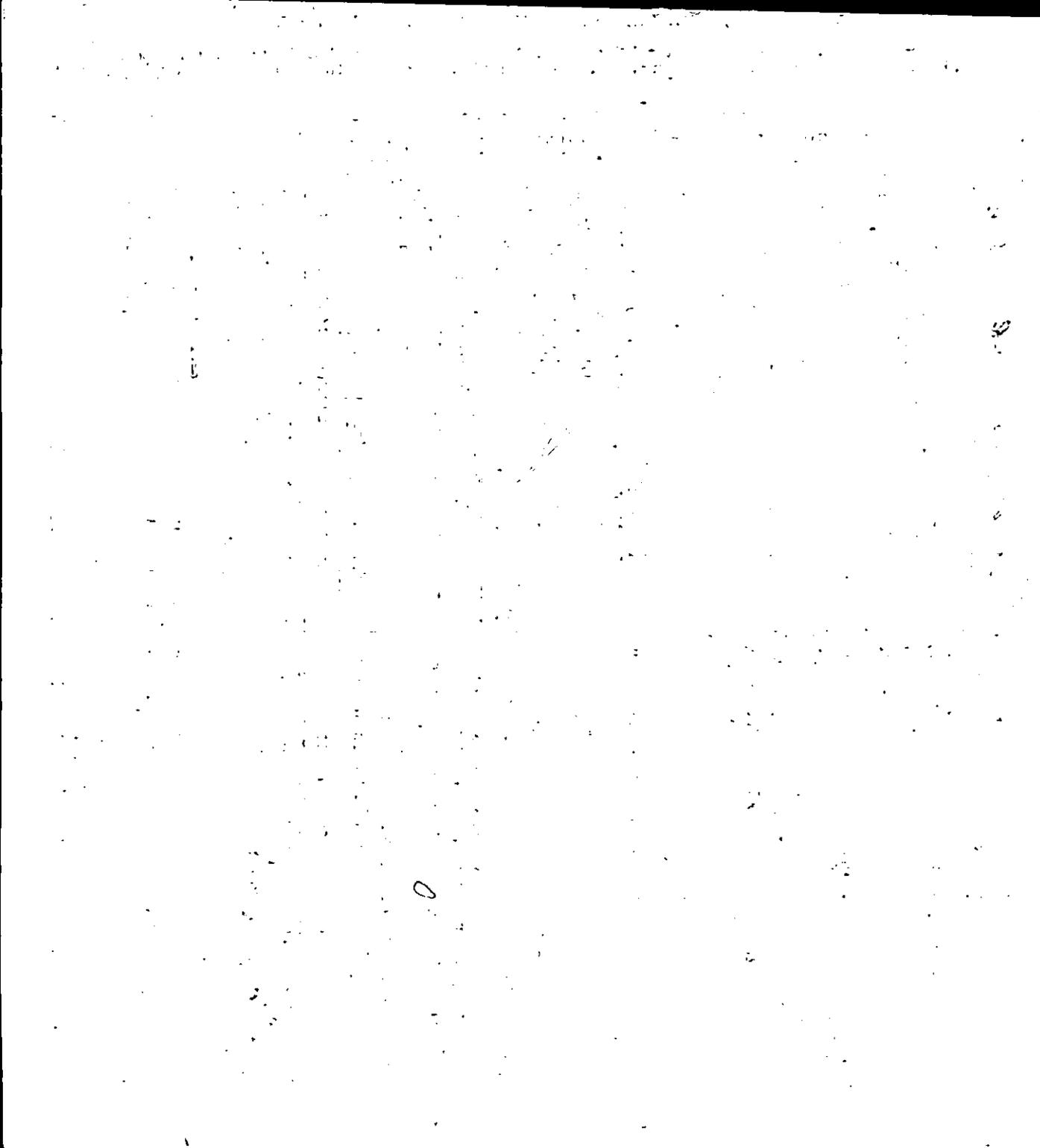
Name of operation None Date of _____
What test confirmed diagnosis? 2. Gross Was there an autopsy? No

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) R. R. Lee, M. D.
(Address) Yarrow Mo

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.



Adair

WASHINGTON

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: Sam B Wood
Who died at home in Walnut township on Aug 30 - 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 3.28.1869 Age: Years 65 Months 5 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.

Date deceased last worked at this occupation: Caricoma of jaw and neck Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance Senility
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no
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 R. B. Ellis
Address of physician Madisonville, Tenn Date filed 9.15.1934
Signature of Registrar Ray Douglas

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.

Re g. Dist. No. 1067
Primary Reg. Dist. No. 5009
Very truly yours,
E. T. McGaugh
Special Agent. State Registrar

October 29, 1934.

Mr. L. W. Douglas
Registrar
Yarrow, Mo.

Re-Death Certificate of
Sam Wood

Dear Mr. Douglas:

As far as I am able to tell the primary seat of
carcinoma was in the jaw. *(left)*

Yours very truly,

R R Ellis
R. R. Ellis, M. D.

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