

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

Do not use this space.

30832

1. PLACE OF DEATH
 County..... SEP 13 1934
 Township.....
 City St Louis

Registration District No. 791
 Primary Registration District No. 1003
 (No. 2622, Lafayette)

File No.
 Registered No. 8093
 St. Ward

2. FULL NAME Walter E. Wood
 (a) Residence, No. St. 213 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Victoria Wood
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 7 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 6 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Un Employed
 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) Tennessee

13. NAME Robert Wood

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

15. MAIDEN NAME Mary Gilliam

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT (ADDRESS) Victor Wood
2622 Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fulton Ky DATE Aug 9 1934

19. UNDERTAKER (ADDRESS) A. W. McLaughlin
2301 S. Grand St

20. FILED AUG - 1 1934 J. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1934 to Aug 6, 1934
 I last saw a alive on Aug 6, 1934. Death is said to have occurred on the date stated above, at 2:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:
Hypertension

Name of operation..... Date of.....

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) James M. Hayer, M. D.
 (Address) 2025 S. Jefferson

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.

