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

DEC 14 1930

Do not use this space.

39093

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No.

Township Springfield — Primary Registration District No. 2901 — Registered No. 324

Springfield Mo (No. Springfield Baptist Hospt St. Ward)

2. FULL NAME Nelson Wood

(a) Residence, No. Rockhouse St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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: Ella. Malone.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 12 - 1887

7. AGE: Years 47 — Months 7 — Days 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

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

FATHER

13. NAME: James Wood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER

15. MAIDEN NAME: Martha Evans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

17. INFORMANT (ADDRESS): Mr Lola Wood Rockhouse

18. BURIAL, CREMATION, OR REMOVAL: PLACE Rockhouse, Mo DATE 11-2, 1930

19. UNDERTAKER (ADDRESS): Lloyd W. Tate, Bagley Mo

20. FILED 11-2, 1930 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934, to Nov 1, 1934

I last saw h. alive on Nov 1, 1934 Death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

Ruptured gastric ulcer — Date of onset Oct 30 34

117 B 3 / 117 A 1

Other contributory causes of importance:

Generalized toxemia and myocardial failure

Name of operation: none — Date of

What test confirmed diagnosis? Laboratory with physical findings — 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) Daniel L Yancey, M. D.

(Address) 214 N. Jefferson

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD