

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

Do not use this space.

43727

1. PLACE OF DEATH.

County Mississippi
Township Leopoldville
City Charleston

Registration District No. 566
Primary Registration District No. 5762

File No. _____
Registered No. 168
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ (Usual place of abode) County Farmer Ward _____

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nancy Wood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 1851</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>9</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Rockwood, Ill.

FATHER 13. NAME
John Wood

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown

MOTHER 15. MAIDEN NAME
Spencer

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

17. INFORMANT (ADDRESS)
Ernest Wood, Bellevue, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE
D.O.C. Cemetery DATE Dec. 16, 34

19. UNDERTAKER (ADDRESS)
Frank J. Vernon, Charleston, Mo.

20. FILED Dec 16th 1934 J. J. Vernon Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 15, 1934 3:05 P.M.

22. I HEREBY CERTIFY, That I attended deceased from July 12th, 1933, to Dec 15th, 1934.
Last saw him alive on Dec 9th, 1934. Death is said to have occurred on the date stated above, at 3:05 P.M.
The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency and Chronic Nephritis
131
191
106
Other contributory causes of importance:
Demerol

23. 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? No.
If so, specify _____
(Signed) Frank J. Vernon, M. D.
(Address) Charleston Mo

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.

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W. Vernon

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