

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.

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

Do not use this space.

FEB 19 1935

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Menorah Hospital) St. _____ Ward _____

1295
 File No. 161
 Registered No. _____

2. FULL NAME Sarah Noyes Wood
 (a) Residence, No. 5026 Walnut 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 13, 1934</u>		
7. AGE	YEARS	MONTHS
		<u>10</u>
		DAYS
		<u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</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 _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Missouri</u>		
MOTHER	13. NAME <u>Harrison W. Wood</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
FATHER	15. MAIDEN NAME <u>Helen Noyes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
17. INFORMANT <u>Mr. & Mrs. Harrison W. Wood</u> (ADDRESS) <u>5026 Walnut, K. C. Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oneida, N. Y.</u> DATE <u>Jan. 10 1935</u>		
19. UNDERTAKER <u>R. V. Lindsey & Sons</u> (ADDRESS) <u>K. C. Mo</u>		
20. FILED <u>1-11 1935</u> <u>M M Crowl</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10 '35, 1935

22. I HEREBY CERTIFY, That I attended deceased from Smith 1934, to January 10, 1935.
 I last saw her alive on January 10, 1935. Death is said to have occurred on the date stated above, at 8:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Acute Myocardial Infarction
Influential or cold
Colitis
Acidosis (acetonaemia)
1st Aneurysm (Felt, rupture time & place)
 Date of onset 1/5-25
 Other contributory causes of importance: _____

Name of operation 1 Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? Y

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) Edson R. Fisher M. D.
 (Address) 822 North 17th, Kansas City, Mo.

Dr. Scherer
Georgetown Court