

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

Do not use this space.

FEB 21 1935

3274

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 10022
 City..... (No. Josephine) St. Josephine Ward.....

File No.
 Registered No. 571
 St. Ward.....

2. FULL NAME

(a) Residence, No. 3840² Laclede St., 18 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1909
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 5 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. actress
 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) Missouri

13. NAME Walter S. Wood

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

15. MAIDEN NAME Effie Smith

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

17. INFORMANT J. S. Wood
 (ADDRESS) 3840² Laclede

18. BURIAL, CREMATION, OR REMOVAL PLACE Quincy DATE 1-16 1935

19. UNDERTAKER Peat Bros
 (ADDRESS) 3029 Stephanie

20. FILED 75 1935 Registrar. J. K. Berbeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1935, to Jan 14 1935.
 I last saw him alive on 7-14 1935. Death is said

to have occurred on the date stated above, at 10 a m.
 The principal cause of death and related causes of importance were as follows:

lobar pneumonia
(left upper lobe) Date of onset 1-8-35

Other contributory causes of importance

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

What test confirmed diagnosis? clinical 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) E. S. Owen M. D.
 (Address) 2815 Park Ave.

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.

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