

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.

AUG 22 1935

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

Do not use this space.

21978

1. PLACE OF DEATH

113 County North
Township Union

Registration District No. 904Primary Registration District No. 6215

File No.

Registered No.

City (No.) Ward.

2. FULL NAME

(a) Residence, No. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Wood
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 - 1874
7. AGE YEARS 61 MONTHS 10 DAYS 8 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) Taylor Co. Iowa13. NAME Maynard W. Wood14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anterie Co. N. Y.15. MAIDEN NAME Lusan Anders16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee Co. Iowa17. INFORMANT Maynard Wood (ADDRESS) Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Leadore Cemetery DATE June 21, 193519. UNDERTAKER Long & Baker (ADDRESS) Leadore, Mo.20. FILED June 23, 1935 Ira O. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1935

22. I HEREBY CERTIFY That I attended deceased from

19...., to 19....

I last saw him alive on 19.... Death is said

to have occurred on the date stated above, at 2 A. M.

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

Angina Pectoris Date of onset11/4

Other contributory causes of importance:

Round head in bedat 5:40 A.M. the morningof June 19, 1935.

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) Arch C. Dumble Coroner(Address) Grant City, Missouri

