

SEP 20 1935

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

Do not use this space.

26139

File No.
Registered No. 42
St. Ward)

1. PLACE OF DEATH
39 County Gentry Registration District No. 309
Township Primary Registration District No. 4185-
City Albany (No. St. Ward)
2. FULL NAME Leona Fay Wood
(a) Residence, No. 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 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) Dec. 20 1934					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
		7	20		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	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) Albany, (STATE OR COUNTRY) Missouri					
FATHER	13. NAME Cleo Wood				
	14. BIRTHPLACE (CITY OR TOWN) Albany (STATE OR COUNTRY) Missouri				
MOTHER	15. MAIDEN NAME Minnie Bowman				
	16. BIRTHPLACE (CITY OR TOWN) Gentryville (STATE OR COUNTRY) Mo.				
17. INFORMANT Cleo Wood (ADDRESS) Albany, Mo.					
18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview DATE Aug. 12 19 35					
19. UNDERTAKER Clifford Brooks (ADDRESS) Albany, Mo.					
20. FILED Aug. 12 19 35 W. T. Martin Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 10** 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 7** 19**35**, to **Aug. 10** 19**35**
I last saw h. ^{or} alive on **Aug. 10** 19**35** Death is said to have occurred on the date stated above, at **8:45 P.M.**
The principal cause of death and related causes of importance were as follows:
Summer diarrheal enteritis Aug 7,
1190
Other contributory causes of importance:
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?
If so, specify
(Signed) **Q. J. Pray** A. D. O.
(Address) **Albany, Mo.**

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.

