

OCT 30 1935

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

Do not use this space.

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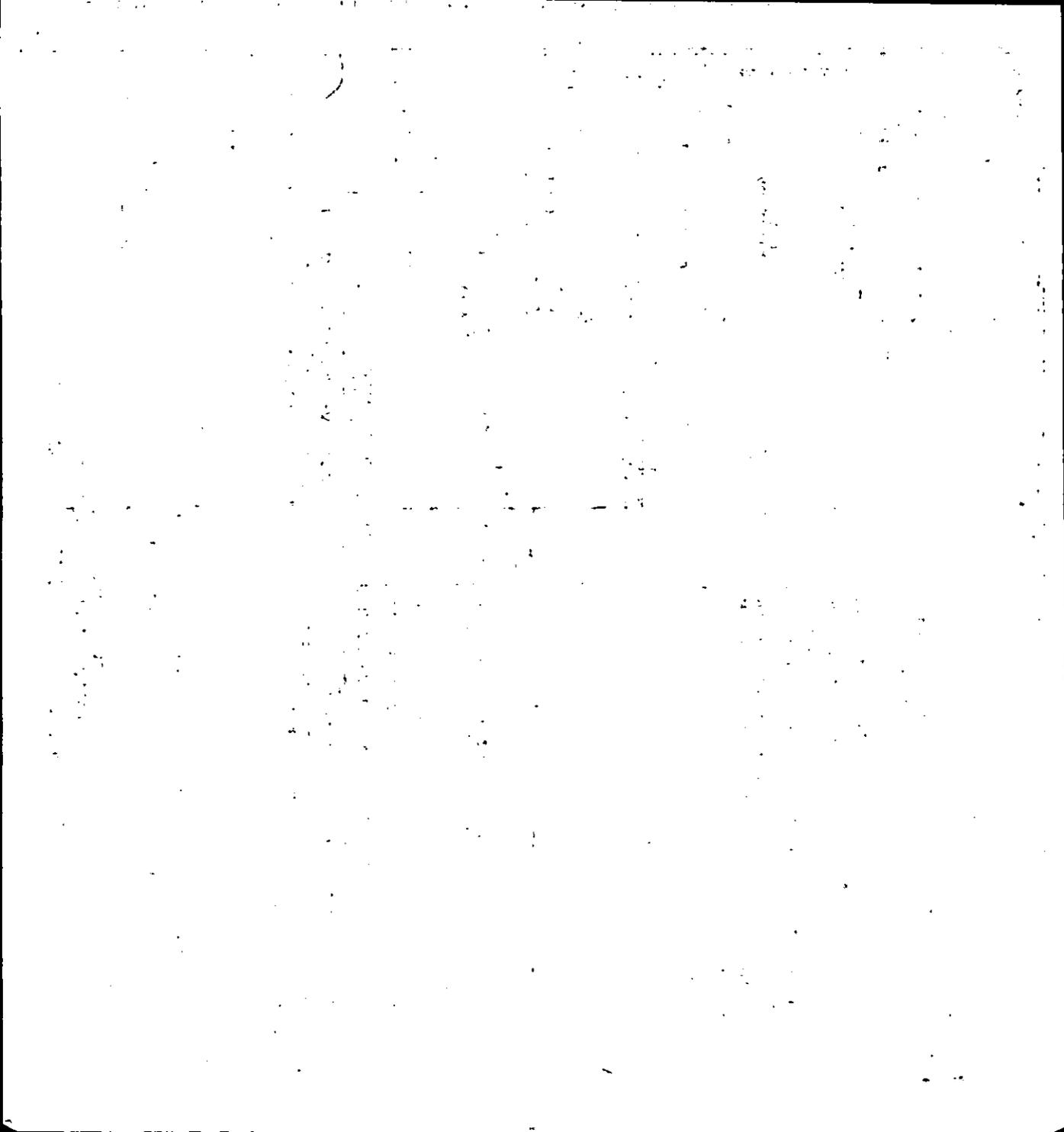
1. PLACE OF DEATH *106 County* *January* Registration District No. *85-8*
Big Creek Township Primary Registration District No. *6126*
 City *Princeton* No. _____ St. _____ Ward _____
 2. FULL NAME *Kenneth Ross Wood*
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Flora A Wood*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov-1-1908*
 7. AGE YEARS *26* MONTHS _____ DAYS _____ 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 _____
 MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Princeton Mo*
 FATHER 13. NAME *C.B. Wood*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Osage Beach Mo*
 15. MAIDEN NAME *Cora C Jones*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Loring La Mo*
 17. INFORMANT (ADDRESS) *H.C. Wood*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Princeton* DATE *9-23-35*
 19. UNDERTAKER (ADDRESS) *W.D. ...*
 20. FILED *9-23-35* *Miss J. K. Brown* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-22-35*
 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 _____ m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset _____
Heart Accidental
in car going over a
bluff.
 Other contributory causes of importance: *2618*
Brightness Bluff.
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 *9-22-35*
 Where did injury occur? *Princeton Bluff*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury *auto accident*
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) *P. J. ...* M.D.
 (Address) *...*



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CERTIFICATE OF DEATH**

FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY
Do not use this space.

1. PLACE OF DEATH

County Laney Registration District No. 858
Township Big Creek Primary Registration District No. 6126
City (No. _____) _____ St. _____ Ward _____

2. FULL NAME

Kermit Ross 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY - 1908
7. AGE YEARS 26 MONTHS 12 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.
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. Data 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) Protins Mo
13. NAME P. B Wood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Creek Mo
15. MAIDEN NAME Cora C. James
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laney Co Mo
17. INFORMANT H. C. Wood (ADDRESS) Protins Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Protins Mo DATE 9-23-1938
19. UNDERTAKER R. O. Whelchel (ADDRESS) Branson Mo
20. FILED 9-23- 1938 Mo JTB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22, 1938
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Received accidental
in car going
over bluff
Date of onset _____
Other contributory causes of importance:
Brightwell Bluff
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 9-22-1938
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 auto accident
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) P. A. Thornhill Coroner, D.
(Address) Branson, Mo.

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