CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 26 1935

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

Do not use this space.

36003

1. PLACE OF DEATH
County Jackson
Township Kaw
City K.C. Mo.
Registration District No. 399
Primary Registration District No. 1002
(No. Mercy Hospital St. Ward)
File No.
Registered No. 6226

2. FULL NAME Richard = Leroy Wood
(a) Residence, No. 5118 E 8th 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) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-23-35
7. AGE YEARS 0 MONTHS 2 DAYS 9 days If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Mo.

FATHER
13. NAME Oscar Wood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Dora White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Oscar Wood 5118 - E - 8th
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Nov - 5 - 35
19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn Ave
20. FILED Nov. 5, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 1935
22. I HEREBY CERTIFY, That I attended deceased from 10-30, 1935, to 11-2, 1935
I last saw him alive on 11/2/35, 19.... Death is said to have occurred on the date stated above, at 7 p.m. 9:00 m
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric stenosis	5 wks
7 days	

Other contributory causes of importance:

Otitis media	5 days

Name of operation Ramstedt Date of 11/2/35
What test confirmed diagnosis? X-ray Was there an autopsy? Yes

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) Clydek Randall, M. D.
(Address) 1316 Rig Bldg