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.

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

JAN 18 1936

Do not use this space.

40561

1. PLACE OF DEATH
County: Perry
Registration District No.: 660
Township:
Primary Registration District No.: 4396
City: Perryville (No. ..... St. ..... Ward)
File No.:
Registered No.: 54

2. FULL NAME: James F. 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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Mary E. Wood

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 9th - 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	10	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Auctioneer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St Francis Co.
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Joseph Wood
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St Francis Co
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Elizabeth Lewis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Perry Co.
(STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs J. F. Wood.
(Address): Perryville

15. FILED: Dec 28, 1935 Ed L. Brewer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-27-1935

17.
I HEREBY CERTIFY, That I attended deceased from 12-25-35, 19..., to 12-27-35, 19..., that I last saw h. alive on 12-26-35, 19..., and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): None
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: Home
IF NOT AT PLACE OF DEATH:
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) J. L. Smith, M.D.
, 19 (Address) Perryville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Home Cem.
DATE OF BURIAL: 12/29 1935

20. UNDERTAKER: Young & Fenwick
ADDRESS: Perryville