FEB 19 1936

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

Do not use this space.

968

1. PLACE OF DEATH
County Greene
Township Springfield
City (No. 817 E. Pacific St. Ward)
Registration District No. 318
Primary Registration District No. 2001
File No.
Registered No. 81

2. FULL NAME Ida E. Wood
(a) Residence, No. 817 E. Pacific 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 2 - 1855
7. AGE YEARS 80 MONTHS 4 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In home
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) N. Y.

FATHER
13. NAME John H. Reeve
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER
15. MAIDEN NAME Mary W. Cook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT (ADDRESS) Mrs. Ella A. Tooker Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Feb 2 1936
19. UNDERTAKER (ADDRESS) J. W. Klingner & Co. Springfield Mo.
20. FILED 2-1-1936 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1936, to Jan 30, 1936
I last saw her alive on Jan 30, 1936. Death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 1/28-36

Other contributory causes of importance:
Arterio Sclerosis
Had two previous Strokes
One year ago & 3 years ago

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? No 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 C. A. Tucker
(Signed) , M. D.
(Address) 200 W. Coml St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.