

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.

MAR 9 1926 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

4842

1. PLACE OF DEATH

County Callaway Registration District No. 11-2-2
 Township Jackson Primary Registration District No. 57-5-0
 City (No. _____) St. _____ Ward _____

2. FULL NAME

Thomas Colin Rood
 (a) Residence, No. Cuxvase, Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josephine Rood</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 5, 1868</u>				
7. AGE	YEARS <u>68</u>	MONTHS <u>1</u>	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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. <u>Merchant</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Feb. 15, 1926</u>		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Williamsburg, Mo.</u>				
MOTHER FATHER	13. NAME <u>R. D. Rood</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vermont</u>			
	15. MAIDEN NAME <u>Eleanor Jane Wilson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>			
17. INFORMANT <u>Mrs. H. P. Rood</u> (ADDRESS) <u>Cuxvase Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cuxvase</u> DATE <u>Feb. 20, 1926</u>				
19. UNDERTAKER <u>Walter Harpin</u> (ADDRESS) <u>Cuxvase Mo.</u>				
20. FILED _____ 19 _____ <u>H. G. Harris</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1926

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1926, to Feb. 17, 1926
 I last saw him alive on Feb. 17, 1926. Death is said to have occurred on the date stated above, at 8:20 P. M.
 The principal cause of death and related causes of importance were as follows:
Coronary sclerosis with associated angina pectoris.

Other contributory causes of importance
None

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? No.
 If so, specify Plumage A. Howard D. O.
 (Signed) _____ (Address) Cuxvase, Mo.

