

MAR 20 1936

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

Do not use this space.

6564

1. PLACE OF DEATH

County Laclade
Township Osaque
City _____ (No. _____, _____ St. _____ Ward)

Registration District No. 449
Primary Registration District No. 5618

File No. _____
Registered No. _____

2. FULL NAME Sarah Jane 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 2 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Laclade Co Mo
(STATE OR COUNTRY)

13. NAME George Wood

14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Downey

16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

17. INFORMANT C. L. Wood
(ADDRESS) Oakland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland DATE 2/23/36, 1936

19. UNDERTAKER W. E. Holman
(ADDRESS) Lebanon Mo

20. FILED 2-23-36, 1936 J. A. McCumb
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/22/36, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1936, to Feb 22, 1936.
I last saw her alive on Feb 22, 1936. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
MI
Date of onset _____

Other contributory causes of importance:

Flu

Name of operation none Date of _____
What test confirmed diagnosis Physical 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 _____, 1936

Where did injury occur? _____
(S. 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) J. P. Benney, M. D.

(Address) Lebanon, Mo

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.

