MAR 25 1936

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

Do not use this space.

7464

File No.
Registered No. 24

1. PLACE OF DEATH
County St. Louis Registration District No. 333
Township Ferguson Twp Primary Registration District No. 4468
City Glasgow Park, (No. Clairmont Mo St. Ward)

2. FULL NAME Earl Norman Wood
(a) Residence, No. Clairmont, St Mo 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 Maggie Belle Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 1st 1876.

7. AGE: Years 59. Months 10. Days 23. If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME J. D. Wood.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (unknown) Missouri

MOTHER
15. MAIDEN NAME Emma Wright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (unknown) Missouri

17. INFORMANT Mrs Maggie B. Wood
(ADDRESS) Clarkson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pilot Grove Mo. DATE Feby 10, 1936

19. UNDERTAKER O. R. Lupton & Sons
(ADDRESS) # 4449 Olive St.

20. FILED Feb 11, 1936 W. A. Geitler Registrar
R. C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~2-10-36~~

22. I HEREBY CERTIFY, That I attended deceased from 5-8-, 1935, to 2-8-, 1936
I last saw him alive on 2-8-, 1936 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1925
Other contributory causes of importance:	
Chr Myocarditis	1932

Name of operation — Date of
What test confirmed diagnosis? Clinical 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
(Signed) Roy Johnson, M. D.
(Address) Ferguson, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible] Hudson.
Ferguson, Mo
40 N. Florsut Rd.
At. wks. 430
Res. 141 N. Clay
At. wtr. 186
1-2 P.M.

[illegible]
[illegible]
[illegible]
[illegible]
5711
8219 - N [illegible]