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

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

Do not use this space.

SEP 26 1936

File No. 29883

Registered No. 230

1. PLACE OF DEATH

County: Boone — Registration District No. 73

Township: — Primary Registration District No. 3006

City: Columbia (No. ..... St. ..... Ward)

2. FULL NAME: Lela Raney Wood

(a) Residence, No. Stephens College St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James M. Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-11-1875

7. AGE: Years 60 — Months 9 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Kentucky

FATHER

13. NAME: C. R. Raney

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

MOTHER

15. MAIDEN NAME: Elizabeth Jackson

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

17. INFORMANT (ADDRESS): James M. Wood Stephens College - Columbia, Mo

18. BURIAL, CREMATION, OR REMOVAL: PLACE Columbia Cemetery DATE Aug. 26, 1936

19. UNDERTAKER (ADDRESS): Parker Funeral Home Co Columbia, Mo.

20. FILED 8/25/1936 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1936, to Aug 24, 1936

I last saw him alive on Aug 24, 1936. Death is said to have occurred on the date stated above, at 12:10 P.M.

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

	Date of onset
Pneumonia-bronchial	8/14/36
Cholecystitis	8/17/36
[illegible]	

Other contributory causes of importance:

Septicaemia ?	8/17/36

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 .....

(Signed) E. S. Bashaw, M. D.

(Address) Columbia Mo.