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.

SEP 25 1936

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

Do not use this space.

31724

1. PLACE OF DEATH

County Montgomery — Registration District No. 571 — File No.

Township Walker — Primary Registration District No. 4335 — Registered No. 63

City California (No. , St. Ward)

2. FULL NAME Mary Catherine Wood

(a) Residence, No. 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 3 - 1852

7. AGE: YEARS 83 — MONTHS 11 — DAYS 25 — 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.
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): Boone Co, Mo.

FATHER
13. NAME: David Bishop
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Marion Evans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co

17. INFORMANT (ADDRESS): Mrs J. A. Paegelow, California Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Masonic Cem DATE: 8/30 1936

19. UNDERTAKER (ADDRESS): Williams & Friedmeyer, California Mo

20. FILED 8-29 1936 H. R. Popejoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Several Months, 19 to , 19

I last saw her alive on August 27, 1936. Death is said to have occurred on the date stated above, at 8:20 m.

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

Cerebral Hemorrhage — Date of onset

9221

Other contributory causes of importance: Arterio Sclerosis

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?

If so, specify

(Signed) Lashley M Gray, M. D.

(Address) California Mo