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.

JAN 22 1937

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

Do not use this space.

45680

File No.
Registered No. 27

1. PLACE OF DEATH
County: Osage
Township: Gasconade
City: (No. St. Ward)
Registration District No. 6 4 8
Primary Registration District No. 3 8 4 9

2. FULL NAME: James Calvin Wood.
(a) Residence (Usual place of abode) No. 2319 Bryan Ave St., Ward.
(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: M
4. COLOR OR RACE: W.
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): Oct 30, 1927
7. AGE: Years 9 | Months 1 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
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): Granite City Ill.

FATHER
13. NAME: Geo Alvin Wood.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson County Ill

MOTHER
15. MAIDEN NAME: Lola Emma Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Granite City Ill

17. INFORMANT (ADDRESS): Geo Alvin Woods Granite City, Ill
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cappa Cemetery DATE: Dec 27, 1936
19. UNDERTAKER (ADDRESS): Norton Funeral Home Lima Ill
20. FILED: 12-28, 1936 Mrs Dora Jett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Head injury	12/24
Bucking tissue	12/24
Chest injury	12/24
Disembowelement	12/26

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? Accident Date of injury Dec 24, 1936
Where did injury occur? Useful Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public highway.
Manner of injury Car struck
Nature of injury Crushed

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) H. S. Hume M.D., M. D.
(Address) Lima Mo

210M

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

Do not use this space.

1. PLACE OF DEATH

County: Osage — Registration District No.: 640 — File No.:

Township: Crawford — Primary Registration District No.: 5840 — Registered No.: 27

City: (No. , St. Ward)

2. FULL NAME James alvin 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
m	w	S

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	9	1	24	

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 1-2 1937 Registrar.

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24 1936

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

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at m.

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

	Date of onset
Head injury	
Both arms broken	
Chest injury	
Passenger	

Other contributory causes of importance:

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? accident 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. Public Highway

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Hume M.D., M. D.

(Address) Linn Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-45680