

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

Do not use this space.

MAY 31 1937

17452

1. PLACE OF DEATH

94 County St. Francois

Registration District No. 773

File No. _____

5 - Township

4 City Farmington (No. _____)

Primary Registration District No. 4464

Registered No. 64

2. FULL NAME

Susanna Wood

(a) Residence, No. 306 South Main St. 4th Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 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 John Wm Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 89 1 1/2

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. Homemaker

10. Date deceased last worked at this occupation (month and year) 4 or 5 days 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Greenville Washington, Mo.

13. NAME John. Evans

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

15. MAIDEN NAME Susanna Kemp.

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

17. INFORMANT (ADDRESS) Ada Wood's Mrs. Geo. Hall

18. BURIAL, CREMATION, OR REMOVAL PLACE Rt. 10 at Farmington DATE June 1st 1937

19. UNDERTAKER (ADDRESS) Farmington Undert. Co.

20. FILED Apr 4 - 1937 W. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Apr 2, 1937

I last saw him alive on April 1, 1937, Death is said to have occurred on the date stated above, at 1 a. m.

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

Cerebral arterial sclerosis Date of onset 1932

Other contributory causes of importance: 97

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) Geo. S. Watkins, M. D.

(Address) Farmington 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.

