

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

Do not use this space.

1. PLACE OF DEATH **MAY 31 1937**
 County **Stacy** Registration District No. **830** File No. **17751**
 Township **Salt River** Primary Registration District No. **6091** Registered No. **21**
 City (No. St. Ward)

2. FULL NAME **David Milton 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) **Alice Marion Wood**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 7 1937**
 22. I HEREBY CERTIFY, That I attended deceased from **March 1 1937** to **April 7 1937**
 I last saw him alive on **April 6 1937**. Death is said to have occurred on the date stated above, at **10:30 AM**.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 16, 1855**
 7. AGE YEARS **82** MONTHS **0** DAYS **21** If LESS than 1 day, hrs. or min.

Myocarditis and Chronic Interstitial nephritis Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Farmer**
 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

Other contributory causes of importance: **B**
 Name of operation **None** Date of
 What test confirmed diagnosis **Clinical** Was there an autopsy? **No**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Shelby Co Mo**

MOTHER FATHER 13. NAME **David Wood**

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

15. MAIDEN NAME **Fannie Duncan**

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

17. INFORMANT **Wood White** (ADDRESS) **Shelby, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Wood cemetery** DATE **April 9 1937**

19. UNDERTAKER **E. Hayes Shelbino, Mo** (ADDRESS)

20. FILED **April 14 1937** **Keith Joyner** Registrar.

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) **J. D. Furnish**, M. D.
 (Address) **Shelby, Mo.**

Every person who furnishes information should be carefully supervised. A list 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.

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