AUG 11 1937

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

Do not use this space.

26366

1. PLACE OF DEATH
County JACKSON
Township KAW.
City KANSAS CITY
Registration District No. 399
Primary Registration District No. 1002
(No. 1221, BRUSHCREEK St. Ward)
File No.
Registered No. 3079

2. FULL NAME MR. GEORGE ALLEN WOOD
(a) Residence, No. 1221 BRUSHCREEK St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
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 Rebecca Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22 1895

7. AGE: 42 YEARS [redacted] MONTHS: 9 DAYS: 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SALES MANAGER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McCLURE + NORRINGTON
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) ALBANY MISSOURI

FATHER
13. NAME JAMES F. WOOD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CLAY COUNTY MO

MOTHER
15. MAIDEN NAME Nettie Hunter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALBANY MISSOURI

17. INFORMANT MRS. Rebecca Wood
(ADDRESS) 1221 BRUSHCREEK APT. 302

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Wash. DATE July 20 1937

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) BRUSHCREEK + PASCO

20. FILED July 19 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-30, 1937, to 7-18, 1937
I last saw him alive on 7-18, 1937. Death is said to have occurred on the date stated above, at 4:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	unknown
Hypertensive myocarditis	unknown
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Other contributory causes of importance:

Coronary thrombosis	7-15-37

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

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) Hubert M Parker, M. D.
(Address) 736 Argyle

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.

Argyle Bldg.