

SEP 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Buchanan

Township

City St. JosephRegistration District No. 85Primary Registration District No. 1001(No. St. Joseph's Hospital)File No. 30176Registered No. 903

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Anthony Wood(a) Residence, No. 315 Harrington St. 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.

da.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 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) Jan. 22, 1935

## 7. AGE

YEARS

2

MONTHS

6

DAYS

26

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) St. Joseph  
(STATE OR COUNTRY) Missouri13. NAME Joseph Wood14. BIRTHPLACE (CITY OR TOWN) Chicago  
(STATE OR COUNTRY) Illinois15. MAIDEN NAME Jessie Irene Miller16. BIRTHPLACE (CITY OR TOWN) St. Joseph  
(STATE OR COUNTRY) Missouri17. INFORMANT Joseph Wood  
(ADDRESS) 315 Harrington St.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Olivet Cem. DATE 8/21 193719. UNDERTAKER Clark Mortuary  
(ADDRESS) 5025 King Hill Ave.20. FILED Aug 20, 1937 N. J. Nestlebaum  
(Address) Regist.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18, 1937 .193722. I HEREBY CERTIFY, That I attended deceased from Aug 16 1937, to Aug 18 1937.I last saw h. the alive on Aug 18 1937. Death is said to have occurred on the date stated above, at 8:45 P. m.

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

ant. poliomyelitis Aug 9

Date of onset

Other contributory causes of importance:

Esstr. Enteritis Aug 9Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis? Chin Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1937Where 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) Joseph Wood M. D.(Address) Joseph Wood Blk. \_\_\_\_\_

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.

CONTAGIOUS DISEASE

