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.

REC'D MAR 14 1938

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

2/1

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5576
Township Kaw — Primary Registration District No. 1002 — Registered No. 642
City Kansas City, Mo. (No. 7008 E 12th St., Terr. St. Ward)

2. FULL NAME Matilda Wood 300
(a) Residence, No. 7008 E 12th St. Terr. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
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: Christopher Wood (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11/9/1859

7. AGE: YEARS 78 — MONTHS 2 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Mo. 0

FATHER
13. NAME: Joel Triplett 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record 9

MOTHER
15. MAIDEN NAME: No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): Mrs. Carl Robertson, 7008 E 12th St. Terr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn Cem. DATE 2/8/38, 19

19. UNDERTAKER (ADDRESS): Sheil Funeral Home, 6606 Indep. Ave., K. C. Mo.

20. FILED Feb 7, 1938 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/6/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Crowe, 19, to, 19
I last saw h alive on 4/30, 19 Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset

94B

Other contributory causes of importance:

W

Name of operation: Autopsy — 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. 4
(Signed) [signature], M. D.
(Address) [signature]