

REC'D MAR 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Howell
 Township Howell
 City (No. _____ St. _____ Ward _____)

Registration District No. 384
 Primary Registration District No. 5535

File No. 6927
 Registered No. _____

2. FULL NAME ELMER ELDRIDGE WOOD 300

(a) Residence, No. Brandsville, Mo. St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 3 mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Winnie Edmister
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1881
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
56 3 27

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Geo. Wood.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Virginia Appleton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.17. INFORMANT Mrs. Winnie Wood
(ADDRESS) Brandsville, Mo.18. BURIAL, CREMATION, OR REMOVAL Removal
PLACE Mammoth Spring, Ark. DATE Feb. 25, 193819. UNDERTAKER Hal Shamburg
(ADDRESS) West Plains, Mo.20. FILED 2-25-38 LIDA W. SIMONS
Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 193822. I HEREBY CERTIFY, That I attended deceased from 11/24, 1937, to 2/10, 1938I last saw him alive on 2/10, 1938. Death is said to have occurred on the date stated above, at 7:55 a.m.

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

Carcinoma of Colon
46

Other contributory causes of importance:

Myocarditis
1/10/38

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? YesIf so, specify _____ (Signed) Mauro Thompson M. D.(Address) West Plains, Missouri.

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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.

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