

REC'D MAR 17 1938

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

Do not use this space.

7017

1. PLACE OF DEATH

49

County *Jackson*
Township *Jackson*
City *Jackson*

Registration District No. *409*
Primary Registration District No. *5563*

File No. *7017*
Registered by *[Signature]*
St. *[Blank]* Ward *[Blank]*

2. FULL NAME

(a) Residence, No. *P. R.* St. *[Blank]* Ward. *[Blank]*
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Maudie*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 28 1877*

7. AGE YEARS *60* MONTHS *2* DAYS *19* If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Refined oil*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Ste operator*
10. Date deceased last worked at this occupation (month and year) *[Blank]* 11. Total time (years) spent in this occupation *0*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Reeds, Mo.*

13. NAME *Morris C. Wood*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Peyton, Tenn*

15. MAIDEN NAME *Frances Whitaker*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lynn, Tenn*

17. INFORMANT (ADDRESS) *Family*

18. BURIAL (PREPARATION OR REMOVAL) PLACE *Birmingham* DATE *27 19 38*

19. UNDERTAKER (ADDRESS) *[Signature]*

20. FILED *27 19 38* *[Signature]* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 17 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 17 1938* to *Feb 17 1938*

I last saw him live on *Feb 17 1938* Death is said to have occurred on the date stated above, at *5:30 P.*

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

Hemorrhage of Brain
82 a1

Other contributory causes of importance:

Name of operation *[Blank]* Date of *[Blank]*
What test confirmed diagnosis? *[Blank]* Was there an autopsy? *[Blank]*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *[Blank]* Date of injury *[Blank]*, 19 *[Blank]*

Where did injury occur? *[Blank]* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *[Blank]*
Nature of injury *[Blank]*

24. Was disease or injury in any way related to occupation of deceased? *[Blank]*
If so, specify *W. H. Woodruff*

(Signed) *[Signature]*, M. D.
372 (Address) *Joplin Mo*

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.

[Handwritten signature]

