

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 MAY 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County Folk
Township Johnson
City Humansville (No. Geo. Dimmitt Hospital)

Registration District No. 703
Primary Registration District No. 4424

File No. 15582
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Alice Mack Wood 300

(a) Residence, No. Humansville, Mo. St. _____ Ward _____
(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

3. SEX F 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 Wm W. Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8 - 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>69</u>	<u>6</u>	<u>19</u>	

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) Missouri 0

13. NAME W. W. Mack 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

15. MAIDEN NAME Sophia Hardwick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Wm W. Wood
(ADDRESS) Humansville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE May 1 - 1938

19. UNDERTAKER Joseph + Firestone
(ADDRESS) Humansville, Mo.

20. FILED April 29 1938 Ora M. Rich
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 - 1938

22. HEREBY CERTIFY, That I attended deceased from April 26, 1938, to April 27, 1938
I last saw her alive on April 27, 1938. Death is said to have occurred on the date stated above, at 8:30 p. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Left Breast Date of onset 1 year

Other contributory causes of importance: 50

Name of operation Amputation of Breast Date of 1-19-37
What test confirmed diagnosis? e. x. ray 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) A. J. Stuppflbauer, M. D.
_____- (Address) Keokuk, Mo.

