

JAN 5 1938

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

Do not use this space.

1. PLACE OF DEATH

County Wright
Township Blount
City Hartsville (No. 1)

Registration District No. 906
Primary Registration District No. 6224

File No. 44893
Registered No. 27
St. _____ Ward)

2. FULL NAME

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

Length of residence in city or town where death occurred 76 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 <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 24 - 1862</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>1</u>
	DAYS <u>24</u>	IF LESS than 1 day,hra. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>	
	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) <u>Wright Co</u> (STATE OR COUNTRY) <u>mo</u>		
FATHER	13. NAME <u>William Wood</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gen 1</u>	
MOTHER	15. MAIDEN NAME _____	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ <u>9</u>	
17. INFORMANT <u>Mrs Grace Smith</u> (ADDRESS) <u>Bethany, mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Little Creek</u> DATE <u>June 19</u> 19 <u>38</u>		
19. UNDERTAKER <u>Gene E. Hadden</u> (ADDRESS) <u>Hartsville mo</u>		
20. FILE NO. <u>29116</u> 19 <u>38</u> <u>Carlyn Ellis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from June 17 1938 to June 17 1938
I last saw her alive on June 17 1938. Death is said to have occurred on the date stated above, at 10:30 AM.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset June 17-38

Other contributory causes of importance: J. J. M.

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? _____
If so, specify _____
(Signed) J. A. Fuson M. D.
(Address) Manassett

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.

MAY 10 1949

RECEIVED

District Health Officer No. 6,

District File Number 6-38-890

Date Filed DEC 19 1938