

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2640
Do not use this space.

REC'D FEB 23 1939

1. PLACE OF DEATH (a) County Jasper Registration District No. 408
 (b) Township Carthage Primary Registration District No. 3029 Registered No. 10
 (c) City Carthage (d) Street No. McGuire-Brooks Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 24 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charlotte H Wood
 (a) Residence, No. Route 1 - La Russell St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Edward G. Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1915

7. AGE YEARS 24 MONTHS 0 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Laurence County Missouri

FATHER 13. NAME Lewis Trevino
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurence County Missouri

MOTHER 15. MAIDEN NAME Ruby Gibson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurence County Missouri

17. INFORMANT (ADDRESS) Edward G. Wood Route 1 La Russell Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Doss Cemetery DATE Jan. 17, 1939
 19. FUNERAL DIRECTOR Freel Mortuary Carthage Mo
 20. FILED Jan. 17, 1939 E. J. McEntire, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 14, 1939

22. I HEREBY, Dr. [Signature] That I attended deceased from Jan 14, 1939, to Jan 14 (5:15 PM), 1939.
 I last saw her alive on Jan 14, 1939. Death is said to have occurred on the date stated above, at 5:15 P m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia (Lobar) contracted about Jan 6, 39. Date of onset 1/13/39

Other contributory causes of importance:
Britonites

Name of operation Date of
 What test confirmed diagnosis? Clinical 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) D. X. Cordonnier, M. D.
Carthage Mo (Address)

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-383

Date Filed FEB 17 1939

STATEMENT BY LICENSED EMBALMER

I, Emm. C. Stuehl, Licensed Embalmer No. 391

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed Emm. C. Stuehl

Licensed Embalmer No. 391

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)