

DEC 20 1939

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

Do not use this space.

5741

1. PLACE OF DEATH

County Stair  
Township Wilson  
City 300 (No. ....) St. .... Ward)

Registration District No. 3  
Primary Registration District No. 5004

File No. ....  
Registered No. 50

2. FULL NAME

John Thomas Wood

(a) Residence No. .... St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Sarah L. Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 - 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
74 5 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self  
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

FATHER 13. NAME Jermira Wood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Mary Jane Parks

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

17. INFORMANT Wm. H. C. Croot, Bishop (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried DATE Mar 8 1939

19. UNDERTAKER D. Christie (ADDRESS) 3000 N. 1st St. St. Louis, Mo.

20. FILED Mar 6 39 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930, 19... to Mar 6, 19...  
I last saw him alive on Mar 6, 1939 Death is said to have occurred on the date stated above, at 8 a. m.  
The principal cause of death and related causes of importance were as follows:

Prismatic Anemia  
93 C  
Other contributory causes of importance: Chronic Myocarditis

Name of operation none Date of operation .....  
What test confirmed diagnosis? Chlor. I. cad. test Was there an autopsy? yes

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 .....  
3 (Signed) Geo. F. Sward, M. D.  
(Address) Waverlyville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

District Health Officer No. 10

District File Number 10-39-256

Date Filed MAR 10 1939