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.

REG'D MAR 20 1939

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

Do not use this space.

1. PLACE OF DEATH
County Shelby
Township Bethel
City Bethel Mo.
Registration District No. 826
Primary Registration District No. 6087
File No. 7988
Registered No.
(No. ..... St. ..... Ward)

2. FULL NAME Norma Pearl 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 Female
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-31-1927
7. AGE YEARS 11 MONTHS 5 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
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) Shelby Co. Mo

FATHER
13. NAME J. W. Wood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo

MOTHER
15. MAIDEN NAME Bertha Lee Fishey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo

17. INFORMANT (ADDRESS) J. W. Wood Bethel Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Zion DATE Jan-31-1939
19. UNDERTAKER (ADDRESS) C W Hawkins Bethel Mo.
20. FILED Feb 6 1939 Mrs C W. Musgrove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 12. 1939, to Jan 29. 1939
I last saw her alive on Jan 29, 1939. Death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia following malignant Scarlett Fever	27

Other contributory causes of importance:
Scarlett Fever Jan 12

Name of operation Scarlet rash Date of
What test confirmed diagnosis? Sore Arm 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) A. L. Simpson, M. D.
(Address) Shelbina Mo

RECEIVED
District Health Officer No. 10
District File Number 10-39-461
Date Filed MAR 10 1939