

REC'D JUN 14 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
18490
Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 250
 (b) Township Louroe Primary Registration District No. 5349
 (c) City _____ (d) Street No. _____ 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida Wood

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Daviess Co. Missouri
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe A. Wood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 26, 1866</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>10</u>	DAYS <u>22</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation <u>Life</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Own Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>pr. 1939</u>	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Van Wert Ohio</u>	
	13. NAME <u>Ada Wallace</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ohio</u>	
	15. MAIDEN NAME <u>Hannah Kimball</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ohio</u>	
17. INFORMANT <u>Mrs. Russell Pettit</u> (ADDRESS) <u>3521 Lerington K.C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brown Cemetery</u> DATE <u>May, 20, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Hope Furn. & Unat. Co.</u> (ADDRESS) <u>Gallatin, Mo.</u>		
20. FILED <u>May 19 1939</u> <u>H.A. Hope</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 18, 193922. I HEREBY CERTIFY, That I attended deceased from 5-8-1939 to 5-18-1939

I last saw her alive on 5-17-1939 Death is said to have occurred on the date stated above, at 2:30 AM
 The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia
Myocardial infarction
Paralytic stroke
 Date of onset
5-15-39
5-17-39
5-16-39

Other contributory causes of importance:

Post Influenzal lethargy 5-1-39

Name of operation none Date of _____
 What test confirmed diagnosis? none 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? no
 If so, specify _____
 (Signature) Edward L. ... M. D.

(Address) Gallatin Mo

RECEIVED

District Health Officer No. 111

District File Number

39-682

Date Filed

JUN 12 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~only~~

L. O. Richesson

, Registered Apprentice No.

working under my personal supervision.

Signed

L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, Mo.

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.)

If this body is not embalmed, above space should be left blank.