REC'D JUL 19 1939

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

23033
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph 2
(b) Township Jackson 1
(c) City Jacksonville (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 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 734
Primary Registration District No. 4439
Registered No. .....

2. PRINT FULL NAME VIRGINIA O. WOOD
(a) Residence, No. JACKSONVILLE MO. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND~~ OF (OR) WIFE OF Daniel F. Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22 - 1854

7. AGE: Years 84 | Months 7 | Days 24 | 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. (Retired)
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 COUNTY) Monroe County, Missouri

FATHER
13. NAME James Fifer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

MOTHER
15. MAIDEN NAME Alice Phillips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

17. INFORMANT (ADDRESS) Mrs. Louella Newton, Jacksonville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Duncan Bridge Mo. DATE June-14-1939

19. FUNERAL DIRECTOR (NAME) Shaw Funeral Home
(ADDRESS) Mexico Mo.

20. FILED 6-14 1939 John P. Wright
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1939, to June 13, 1939
I last saw h... alive on June 15, 1939. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
AH	

Other contributory causes of importance:
Arteriosclerosis

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? No
If so, specify .....
(Signed) John P. Allen, M. D.
909 (Address) Louisiana Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X14028

RECEIVED
District Health Officer No. 10
District File Number 7-39-1156
Date Filed JUL 8 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, Myself and R. M. Cater, or by 185

Registered Apprentice No. ....., working under my personal supervision.

Signed Chas E. Barnes

Licensed Embalmer No. 2414

P. O. Address Moberly 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.