

1939 AUG 12 1939

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

Do not use this space.

26960

1. PLACE OF DEATH

County Saline
Township Cambridge

Registration District No. 799
Primary Registration District No. 60378

File No.
Registered No. 38 Ward

City (No.) 300 Louis Kossuth Wood

2. FULL NAME
(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 65 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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susie Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7th 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 7 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Ky.

FATHER 13. NAME Joseph Wood

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

MOTHER 15. MAIDEN NAME Elizabeth Tisdell

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

17. INFORMANT Claud Wood
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater Mo DATE July 19 1939

19. UNDERTAKER Hill Brothers
(ADDRESS) Slater Mo

20. FILED July 18 1939 W. Mitchell Registrar. 709 (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1939

22. I HEREBY CERTIFY that I attended deceased from July 3rd 1939 to July 17 1939
I last saw him alive on July 17 1939. Death is said to have occurred on the date stated above, at 11:50 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis Date of onset 3 yrs

Other contributory causes of importance:
Spiciness
hypertension
arteriosclerosis
diabetes
Name of operation None Date of None
What test confirmed diagnosis? Biuret Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury 19
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) W. Mitchell M. D.

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.

Handwritten text, possibly a name or title, located in the upper middle section of the page.

Handwritten mark or signature, possibly a date or initials, located below the main title.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8/9/39