REC'D SEP 14 1939

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

29013
Do not use this space.

1. PLACE OF DEATH

(a) County DAVIESS 2 Registration District No. 250

(b) Township UNION 1 Primary Registration District No. 5348 Registered No. 21

(c) City ~~GALLATIN~~ 1 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 30D WILLIAM A. WOOD

(a) Residence, No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF NORA WOOD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 25 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	80	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as 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) GALLATIN MO

FATHER

13. NAME JOHN WESLEY WOOD

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI 1

MOTHER

15. MAIDEN NAME SARA JANE HEMRY

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

17. INFORMANT (ADDRESS) MRS. NORA WOOD GALLATIN MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE GALLATIN DATE SEPT. 3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. M. Jones Gallatin Mo

20. FILED Aug. 31 1939 H. A. Hope Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1939, to Aug 30, 1939

I last saw him alive on Aug 26, 1939. Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

Mitral regurgitation

92 D

Date of onset

Other contributory causes of importance:

Arterio Sclerosis.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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) L. R. Doolin, M. D.

227 (Address) Gallatin Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

50M-9-19-38 I X16605

RECEIVED
District Health Officer No. 11
District File Number 93-9-1429
Date Filed SEP 11 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, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed C. M. Jossen
Licensed Embalmer No. 3453
P. O. Address Fulton 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.