

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

Do not use this space.

36941

1. PLACE OF DEATH

County Pike Registration District No. 714
 Township Piney Primary Registration District No. 5943
 City _____ (No. _____) St. _____ Ward _____

File No. JA
 Registered No. 9

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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 James K Wood
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1863
 7. AGE YEARS 76 MONTHS 2 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22, 1939
 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1939, to Oct 22, 1939.
 I last saw her alive on Oct 21, 1939. Death is said to have occurred on the date stated above, at 9:15 A.M.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
 10. Date deceased last worked at this occupation (month and year) 10-12-39 11. Total time (years) spent in this occupation life

app. heart, Angerous
 Date of onset 10-14-39
 Other contributory causes of importance: Peritonitis, general
 Date of onset 10-12-39

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 13. NAME Kickenden's Dish
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 15. MAIDEN NAME Lady Stanley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkington

Name of operation none Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

17. INFORMANT Mrs. Vera Sharp (ADDRESS) Madison Ark.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bloodland DATE 10-23-39

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 e
 Nature of injury e

19. UNDERTAKER Pacton F. Litterberry (ADDRESS) Bloodland, Mo.
 20. FILED 10-25-39 J. G. Koonce Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) C. M. Waller, M. D.
642 (Address) Crocker, Mo.

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.

65

RECEIVED

District Health Officer No. 5,

District File Number 1139378

Date Filed 11839