

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

Do not use this space.

JAN 15 1938

1. PLACE OF DEATH

County Atchison

Registration District No. 20

Township Parkio

Primary Registration District No. 4014

City Parkio (No.         )

File No. 44543

Registered No.         

St.          Ward         

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

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>William S. Wood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>86</u>	YEARS <u>0</u>	MONTHS <u>23</u>
If LESS than 1 day, <u>        </u> hrs. or <u>        </u> min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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) <u>Ohio</u>		
13. NAME <u>Jacob Trout</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Elizabeth Crawford</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>Mrs G. E. Anderson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parkio Mo.</u> DATE <u>Mar 31 1937</u>		
19. UNDERTAKER (ADDRESS) <u>J. J. Davis</u> <u>Parkio Mo.</u>		
20. FILED <u>Mar 31 1937</u> <u>Chm. Vaughn</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Mar 29 1937</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 1 1935</u> to <u>Mar 29 1937</u>	
I last saw her alive on <u>Mar 29 1937</u> Death is said to have occurred on the date stated above, at <u>10:40 a.m.</u>	
The principal cause of death and related causes of importance were as follows: <u>Hypostatic Pneumonia</u>	
Date of onset <u>3-15-37</u>	
Other contributory causes of importance: <u>Old age</u>	
Name of operation <u>        </u> Date of <u>        </u>	
What test confirmed diagnosis? <u>        </u> Was there an autopsy? <u>        </u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>        </u> Date of injury <u>        </u> , 19 <u>        </u> Where did injury occur? <u>        </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <u>        </u>	
Nature of injury <u>        </u>	
24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> If so, specify <u>Theodore Paul D. O.</u> (Signed) <u>Parkio Mo.</u> M. D. (Address) <u>Parkio Mo.</u>	

