Do not use this space.

41609

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. PLACE OF DEATH
County _Moniteau_
Township _Walker_
Registration District No. _571_
Primary Registration District No. _5269_
File No. _____
Registered No. _58_
City _____ (No. _____) _____ St. _____ Ward)

2. FULL NAME _Doris Dean Wood_

(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

3. SEX _Female_
4. COLOR OR RACE _W_
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Dec 13—1931_

7. AGE YEARS _____ MONTHS _____ DAYS _2_ If LESS than 1 day, _____ hrs. or _____ 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) _Moniteau Co_

13. NAME _Andrew Wood_
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Cooper Co._
15. MAIDEN NAME _Myrtle Quaqua_
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Moniteau Co_

17. INFORMANT _Audred Wood_
(ADDRESS) _California Mo._

18. BURIAL, CREMATION, OR REMOVAL
PLACE _German Church_ DATE _12/15_ 19_31_

19. UNDERTAKER _Williams + Friedmeyer_
(ADDRESS) _California Mo._

20. FILED _12-15_ 19_31_ _G. N. Roth_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Dec 18_ 19_31_

22. I HEREBY CERTIFY, That I attended deceased from _Dec 13_ 19_31_ to _Dec 18_ 19_31_
I last saw h__ alive on _Dec 17_ 19_31_ Death is said to have occurred on the date stated above, at _10 a_ m.
The principal cause of death and related causes of importance were as follows:

Imperforate Anus

Date of onset _____

Other contributory causes of importance: _____

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? _____
If so, specify _____

(Signed) _J M Burk Jr_ , M. D.
(Address) _California Mo_