

P 27 1928

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau
Township Linn
City (No.) St. Ward)

Registration District No. 574
Primary Registration District No. 5772a

File No. 24509
Registered No.

2. FULL NAME

Eliza J. Wood

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 24 mos. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jeriah Wood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Martha Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT P. A. Woods
(Address) Jamestown Mo.

15. FILED 7-30-28 H. A. Myers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-25 1928

17. I HEREBY CERTIFY that I attended deceased from 7-25 1928 to 7-25 1928 that I last saw her alive on 7-25 1928 and that death occurred, on the date stated above, at 3 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS
Typhoid Fever

18. WHERE WAS DISEASE CONTRACTED 131 Chr Brights Decay
(duration) yrs. mos. ds. 17 1/2
(SECONDARY) newborn
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. M. Muesel, M. D.
(Address) Prairie Home Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Uniontown DATE OF BURIAL July 29 1928

20. UNDERTAKER Calbert Hornbeck ADDRESS Prairie Home 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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PUBLIC RECORD.

