

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

Do not use this space.

23467-a
1934

1. PLACE OF DEATH

68 County Moniteau
Township Lin
City Jamestown Mo.

Registration District No. 574
Primary Registration District No. 5722A

File No. 1934
Registered No. 90
St. _____ Ward _____

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Andrew Wood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6 1844

7. AGE YEARS 88 MONTHS 1 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(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) Georgia 1

10. NAME OF FATHER X

11. BIRTHPLACE OF FATHER (CITY OR TOWN) X 31
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary E. Tilford

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

14.

INFORMANT J. A. Wood
(Address) Jamestown Mo.

15.

FILED July 18 1934 REGISTRAR Edna E. Hake

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1934

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to July 10 1934
that I last saw her alive on July 10 1934 and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Endocarditis

97 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
unknown (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edna E. Hake, M. D.

July 15 1934 (Address) Jamestown 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

DATE OF BURIAL

Beth's Church Cemetery July 16 1934
BY UNDERTAKER Charles Wilbuck ADDRESS Jamestown Mo.

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.

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