

9-10, MAY 22 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Lincoln  
City Jackson (No. 1)

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

File No. 16088  
Registered No. 1936  
St. 18 Ward

2. FULL NAME

Ritchard & Alexander Wood

(a) Residence, No. 1 St. 18 Ward 18  
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21 1867

7. AGE YEARS 68 MONTHS 2 DAYS 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming  
10. Date deceased last worked at this occupation (month and year) April 14 1936 11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson

13. NAME Jeriah Wood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson

15. MAIDEN NAME Martha Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson

17. INFORMANT (ADDRESS) J. O. Wood

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Cemetery DATE April 14 1936

19. UNDERTAKER (ADDRESS) Chas. F. Phillips

20. FILED April 12 1936 E. E. E. E. E. E.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12-36

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 - 1935 to 4-12-36

I last saw him alive on 4-10-36 death is said to have occurred on the date stated above, at 8 A. M.

The principal cause of death and related causes of importance were as follows:

Car accident  
Stomach  
46

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) A. L. Mesidick, M. D.

(Address) Pravie House

