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

Do not use this space.

6473

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1002

1. PLACE OF DEATH

County: Jackson — Registration District No.: 1002 — File No.:

Township: Blue — Primary Registration District No.: T. B. Hospital Leeds — Registered No.: 1223

City: ~~Leeds~~ K.C. Mo (No. ..... Ward)

2. FULL NAME Allene Wood

(a) Residence. No. 2412 Trout St., 4 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Divorced

5A. ~~If Married, Widowed, or~~ Divorced ~~Husband of~~ (OR) WIFE OF B. P. Cunningham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-11-1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	9	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Waitress

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bellevue
(STATE OR COUNTRY) Texas

PARENTS

10. NAME OF FATHER H. J. Hood

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

12. MAIDEN NAME OF MOTHER Ivy Reynolds

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

14. INFORMANT K. C. T. B. Hospital
(Address) K. C. Mo

15. FILED 2-7, 1929 M. M. Crow Registrar
Asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-5-1929

17. I HEREBY CERTIFY, That I attended deceased from 7-14, 1928, to 2-5, 1929, that I last saw her alive on 2-4, 1929, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 27

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED W

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopical

2/6, 1929 (Signed) George C. Lee, M. D.
(Address) 1002 Gregg Bldg Kansas City 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 Forest Hill — DATE OF BURIAL 2-7-1929

20. UNDERTAKER O. Mark — ADDRESS 1415 Fox 15

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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