

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

Do not use this space.

27130

1. PLACE OF DEATH

County Callaway

Registration District No. 104

Township Fulton

Primary Registration District No. 3008

City Fulton

(No. _____)

File No. _____

Registered No. 169

St. _____

Ward _____

2. FULL NAME Dr. French Pendleton 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 Male 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/19 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 5 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Doctor
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Col. Edward Whitcom Wood

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

12. MAIDEN NAME OF MOTHER Helen Strouther

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

14. INFORMANT Wade Wood
(Address) Fulton Mo.

15. Aug 12 1929 R. N. Crews
FILED REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/10 1929

17. I HEREBY CERTIFY, That I attended deceased from 1 P.M. of Aug 10, 1929, to 10:00 P.M. 5/8 1929.
that I last saw alive on Aug 10, 1929, and that death occurred, on the date stated above, at 11:30 P. m.

(THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis complicated by Uremic Poisoning
(duration) yrs. mos. ds. 131 132 3

CONTRIBUTORY (SECONDARY) 129 W
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH St. Louis, Mo.

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? urinalysis and symptoms
(Signed) D. A. Squires, M.D.
, 19 (Address) Fulton, 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 Old Auxvasse Cemetery DATE OF BURIAL 8/12 1929

20. UNDERTAKER Herndon Taylor ADDRESS Fulton 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.

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