

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

Do not use this space.

7375

7377

1. PLACE OF DEATH

County Death
Township _____
City Cran (No. _____)

Registration District No. 820
Primary Registration District No. 4496

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 16 yrs. mos. ds. 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) Apr. 4. 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 10 13

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

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

10. NAME OF FATHER Claud Wood

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

12. MAIDEN NAME OF MOTHER Mattie Hayden

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

14. INFORMANT Mattie Ed Wood
(Address) Cran, Mo.

15. FILED 3-10-30 Y. J. Licknow
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/17 1930

17. I HEREBY CERTIFY, That I attended deceased from 2/14, 1930, to 2/17, 1930, that I last saw her alive on 2/17, 1930, and that death occurred, on the date stated above, at 2 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet fever
(duration) _____ yrs. _____ mos. 5 ds.
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) J. L. Olive, M. D.
(Address) Cran 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 Friend Cem Cran Mo DATE OF BURIAL 2/19/ 1930

20. UNDERTAKER Dispensing Subban ADDRESS Chaffee No

PARENTS

