JUN 5 1930

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

Do not use this space. 15789

1. PLACE OF DEATH
County Dunklin — Registration District No. ~~283~~ 290 — File No. 103
Township Salem — Primary Registration District No. 5408 — Registered No.
City (No. St. Ward)

2. FULL NAME Flora E Wood
(a) Residence. No. Arbyrd Mo. 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 7 - 1905
7. AGE YEARS 24 MONTHS 5 DAYS 21 If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 14 15
(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) Tenn.
PARENTS
10. NAME OF FATHER Richard Cole
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Cassie Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
14. INFORMANT Van Wood.
(Address) Arbyrd Mo.
15. FILED 5-29 1930 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1930
17. I HEREBY CERTIFY, That I attended deceased from 5/21 - 1930 to 5/28 - 1930 that I last saw her alive on 5/28 - 1930, and that death occurred, on the date stated above, at 7-5 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Puerperal Septicemia
(a) Following Child Birth
(duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) 14 (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Place of death
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G H Lumbaugh, M. D.
5/28, 1930 (Address) Arbyrd 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 Liberty Cemetery — DATE OF BURIAL 5-29 1930
20. UNDERTAKER Riggs Und. Co — ADDRESS Cardwell

...m of information should be carefully supp... should be stated EXACTLY. PHYSICIA... ...ld state ...ATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County Dunklin — Registration District No. 290 — File No.
Township Salem — Primary Registration District No. 5408 — Registered No. 103
City (No. St. 31 Ward)

2. FULL NAME Flora E. Wood
(a) Residence. No. Arbyrd mo Ward. (If nonresident give city or town and State)
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7-1905

7. AGE: 24 Years — Months: 7 — Days: 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Tenn

PARENTS
10. NAME OF FATHER Richard Pole
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Cassie Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

14. INFORMANT Van Wood (Address) Arbyrd mo.

15. FILED 7-1 1930 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1930

17. I HEREBY CERTIFY, That I attended deceased from 5-21, 1930, to 5-28, 1930, that I last saw her alive on 5/28, 1930, and that death occurred, on the date stated above, at 7 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Peripheral Septicemia following Child birth

(duration) yrs. mos. 10 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death
DID AN OPERATION PRECEDE DEATH? — DATE OF
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) G. H. Limbaugh M.D.
5/28, 1930 (Address) Arbyrd 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: Liberty Cemetery — DATE OF BURIAL: 5/29 1930

20. UNDERTAKER: Riggs Und Co. — ADDRESS: Cardwell mo

SUPPLEMENTARY

N. B.—Every [illegible] CAUSE OF DE[illegible] of information should be carefully supp[illegible] [illegible] should be stated EXACTLY. PHYSICIAN[illegible] state [illegible] in plain terms, so that it may be prop[illegible] Exact statement of OCCUPATION is very important.

ALL NOT RECEIVE A FEE FOR CER[illegible] UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-15789