

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.

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

Do not use this space.

1. PLACE OF DEATH

County Mason
Township Mason
City Hannibal

Registration District No. 547
Primary Registration District No. 3007

File No. 16728
Registered No. 118
St. 6 Ward

2. FULL NAME

Bobby Dean Wood

(a) Residence. No. 3027. Mark Twain Ave. Ward.

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7-1930

7. AGE YEARS MONTHS DAYS 14 hrs. 30 min.

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) Hannibal Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Samuel Wilson Wood

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

12. MAIDEN NAME OF MOTHER Margaret Perry

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

14. INFORMANT Samuel Wilson Wood
(Address) Hannibal Mo.

15. FILED 5/8 19 30 B. Clausius
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7-1930

17. I HEREBY CERTIFY that I attended deceased from May 7 1930, to 30 1930, that I last saw him alive on May 7 1930, and that death occurred, on the date stated above, at 6:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature
Birth wt 3 1/4 lbs.
(duration) yrs. 14 1/2 mos.

CONTRIBUTORY (SECONDARY)

159 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. P. Sutzman M. D.
5/7 30 (Address) Hannibal 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 Mt. Olivet Cemetery DATE OF BURIAL 5-8-1930

20. UNDERTAKER Schwartz Funeral Home ADDRESS Hannibal Mo.

