

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

Do not use this space.

19021

1. PLACE OF DEATH  
 County DeKalb Registration District No. 261  
 Township Washington Primary Registration District No. 4160  
 City Stewartville (No.       ) St.        Ward       

2. FULL NAME James Thomas Wood  
 (a) Residence No.        St.        Ward         
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matie Iris Wood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31 - 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 9 15

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

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

10. NAME OF FATHER James Wood

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

12. MAIDEN NAME OF MOTHER Mary Bates

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

14. INFORMANT Mrs Ogas Hangan  
 (Address) Stewartville Mo

15. FILED June 17, 1930 R. E. Saunders  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 10<sup>th</sup> 1925, to June 16<sup>th</sup> 1930, that I last saw        alive on June 16<sup>th</sup> 1930, and that death occurred, on the date stated above, at        2 P M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cardiac Dropsy  
95 15  
 (duration) 4<sup>h</sup> 5<sup>m</sup> yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 900  
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF       

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms  
 (Signed) R. E. Saunders, M. D.  
June 17, 1930 (Address) Stewartville 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 Maple Grove Cemetery DATE OF BURIAL June 18, 1930

20. UNDERTAKER J. E. Lyon ADDRESS Stewartville 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.

