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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 5598
Registered No. 689

1. PLACE OF DEATH
County: Jackson — Registration District No.
Township: Kaw — Primary Registration District No.
City: Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME William J. Wood
(a) Residence. No. St., Ward. Newtown, Missouri (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 18, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	76	2	24	

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Retired 131
(b) General nature of industry, business, or establishment in which employed (or employer): 137
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Joseph Wood
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Elizabeth Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Ernest H Wood
(Address) 308 W. 51st St Terrace

15. FILED 2/12, 19 31 M. M. Crowe REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 12, 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-12, 1931, to 2-12, 1931, that I last saw him alive on 2-12, 1931, and that death occurred, on the date stated above, at 11:45 Am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Glomerulo NEPHRITIS
Benign Prostatic Hypertrophy (duration 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Bilateral Confluent Broncho-Pneumonia (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT EXTENT CONFIRMED DIAGNOSIS? Gross Inspection
(Signed) Edward Ehring, M. D.
2/12, 1931 (Address) St Luke's Hosp (Kansas City, 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~~ Lucerne, Missouri — DATE OF BURIAL 2/14 1931
20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Pkwy