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.

File No. 12018

Registered No. 3269

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4519 Gibson Ave. St. ..... Ward)

2. FULL NAME Margaret J. Wood

(a) Residence. No. 4519 Gibson Ave. St., 18 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-25-1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	5	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife 235

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Moses Stewart

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY) 1½

12. MAIDEN NAME OF MOTHER Jane R. Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY) 2

14. INFORMANT Ephraim B. Wood
(Address) 4519 Gibson Ave.

15. FILED Mar 15 1931 Ray C. Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13 1931

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1931, to March 13, 1931, that I last saw her alive on March 12, 1931, and that death occurred, on the date stated above, at 10:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia

10 A (duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (SECONDARY) 10 B (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? (1)

(Signed) H. J. Prudmstein, M. D.

March 13, 1931 (Address) 4011 Chouteau Ave.

*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 Bellefontaine Cem. — DATE OF BURIAL 3-16 1931

20. UNDERTAKER Alexander & Sons — ADDRESS 1175 Delmar

Manchester Bank Bldg.
4011 Cleveland

7 x 8.