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.

OCT 24 1932

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

Do not use this space.

28605

1. PLACE OF DEATH

12 County BUTLER — Registration District No. 89 — File No.

2 Township — Primary Registration District No. 3007 — Registered No. 151

7 City POPLAR BLUFF (No. ..... , ... St. ..... Ward)

2. FULL NAME WESLEY WALTER WOOD

(a) Residence, No. 422 OAK St. ..... 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: MALE
4. COLOR OR RACE: WHITE
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (*write* the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN. 1-1903

7. AGE: YEARS 29 — MONTHS 8 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: LABORER 113
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ROAD-CONSTRUCTION
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BRANSON MO.

FATHER

13. NAME: COLUMBUS WOOD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO.

MOTHER

15. MAIDEN NAME: LIZZIE CHANDLER 31
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NOT KNOWN

17. INFORMANT (ADDRESS): MABEL WOOD BRANSON MO.

18. BURIAL, CREMATION, OR REMOVAL MO
PLACE WALNUT SHADE DATE 9-14 1932

19. UNDERTAKER (ADDRESS): FRANK UND CO POPLAR BLUFF MO

20. FILED Sept 12, 1932 B. J. Cline Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-31, 1932, to 9-11, 1932

I last saw him alive on 9-11, 1932 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Typhoid Fever — Date of onset 7/22/32

1

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Widal Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify .....

(Signed) E. H. S. Clay, M. D.

(Address) Poplar Bluff MO