

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

Do not use this space.

1. PLACE OF DEATH

68 County Moniteau
Township Walker
City (Near) McGirk (No. _____, _____ St. _____ Ward)

Registration District No. 571
Primary Registration District No. 6269

File No. 2408
Registered No. 3

2. FULL NAME

Nina Belle Wood.

(a) Residence. No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

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) Feb. 16, 1932

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

11

3

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) Moniteau County,
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Walter Wood.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Moniteau Co.
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Gladys Allen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Moniteau Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT Walter Wood
(Address) McGirk Mo.

15. FILED 1-20, 1933 J. W. Roth
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 19, 1933

17. I HEREBY CERTIFY, That I attended deceased from January 12, 1933 to January 19, 1933
that I last saw her alive on January 19, 1933 and that death occurred, on the date stated above, at 1:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia

107 A

(duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY (SECONDARY)

none

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. I do not know.

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) Francis J. Nichols, M. D.

. 19 (Address) Centertown, 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

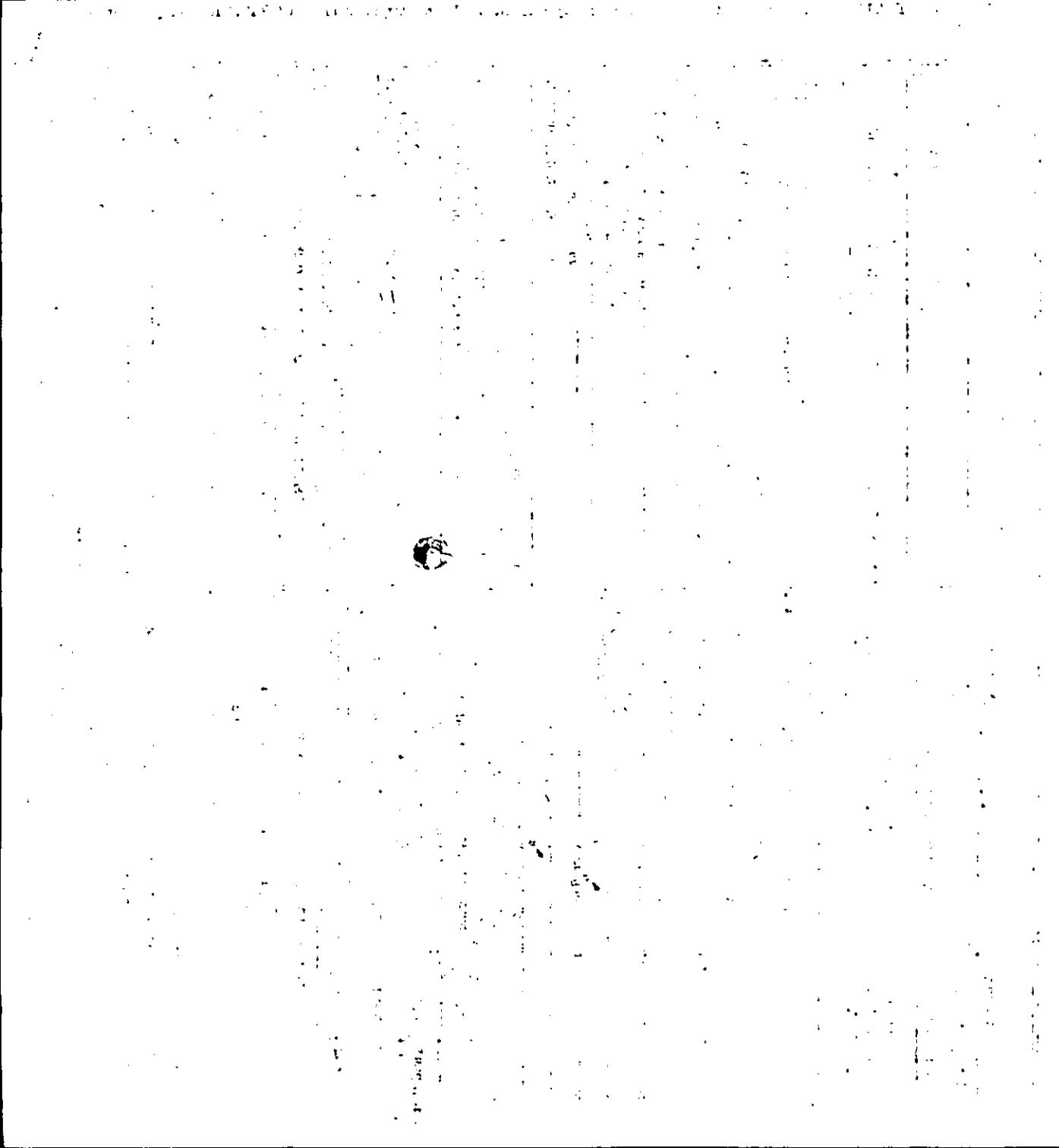
DATE OF BURIAL

McGirk, Mo., Cemetery.
20. UNDERTAKER

Jan. 20th 1933

Willowis + Fredmeyer
ADDRESS Cal. Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Moniteau
Township Walker
City..... (No.....)

Registration District No. 571
Primary Registration District No. 5769

File No.....
Registered No..... St. Ward)

2. FULL NAME

Nina Belle Wood

(a) Residence, No..... St., 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2 -

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE '19

19. UNDERTAKER (ADDRESS)

20. FILED Jan 20, 1933 Jas. M. Roth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from

to, 19.....

I last saw him alive on, 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Bacterial pneumonia Date of onset

Other contributory causes of importance: mo

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) , M. D.

(Address)

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-240P