

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

Do not use this space.

19598

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No.)

Registration District No. 398
Primary Registration District No. 5534

File No.
Registered No. 178 St. Ward)

2. FULL NAME Benjamin Franklin Wood

(a) Residence, No. 9912 Wimmer Road St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 25 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>81</u>	<u>10</u>	<u>20</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation <u>40</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Real Estate</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1918</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Litchfield, New York

13. NAME Henry Wood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Litchfield, Conn

15. MAIDEN NAME Abigail Wheeler Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utica, New York

17. INFORMANT R. P. Swafford
(ADDRESS) 9912 Wimmer Road, Independence, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chenoweth DATE June 5 - 1933

19. UNDERTAKER W. H. Mitchell
(ADDRESS) Independence, Missouri

20. FILED June 1933 F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1933, to June 4 1933. I last saw him alive on June 4 1933. Death is said to have occurred on the date stated above, at 6:00 a. m.

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

Purpuric Meningeal
115A 115B
717
Other contributory causes of importance:
Diphtheria throat followed by
Ulcers of alveolar and gingival tissue
with capillary thrombosis

Date of onset
<u>March 14</u>
<u>17</u>
<u>19</u>

Name of operation Date of
What test confirmed diagnosis? Lab 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) W. Allen M. D.
Quinn - Wyatt Bldg
(Address) Independence, Mo

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.

JUL 22 1933

