

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

Do not use this space.

FEB 27 1934

1. PLACE OF DEATH

County Morgan
Township Mill Creek
City _____ (No. _____)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 57
St. _____ Ward _____

1950

2. FULL NAME

Lawrence 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

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 Ala Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 29/1891

7. AGE YEARS MONTHS DAYS OR LESS than 1 day, hrs. or min.
42 6 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Jan, 15, 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wintona, Missouri

13. NAME W. W. Wood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wintona, Mo., Missouri

15. MAIDEN NAME Minnie D. Boggs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan, Missouri

17. INFORMANT Mr. B. W. Stephens (ADDRESS) Hopkinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkinton, Mo. DATE 1-20-34

19. UNDERTAKER James E. Richard (ADDRESS) Hopkinton, Mo.

20. FILED 1-19-34 W. N. Julian Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15, 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 15, 1934 to Jan 18, 1934

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:

Killed by accident
Probably by Automobile
Parties in car on
Verdict of jury at inquest

Other contributory causes of importance:

210M

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.

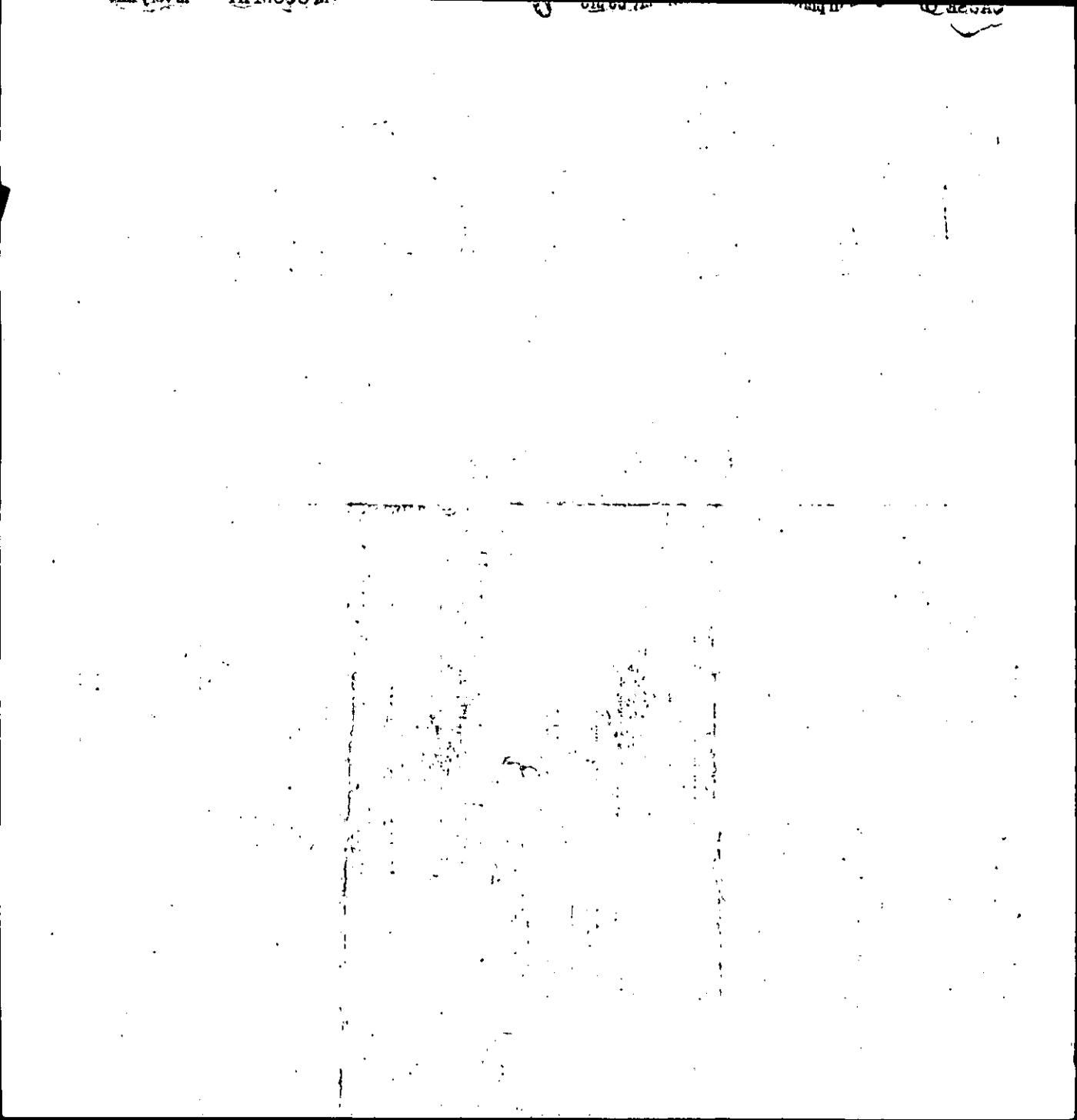
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. G. Green Coroner, M. D.

(Address) Versailles Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Morgan
Township Mill Creek
City..... (No.....).....

Registration District No. 601
Primary Registration District No. 4797A

File No. 1950
Registered No. 7 St. Ward)

2. FULL NAME Laweaster Groode

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 6 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) June 8, 1934 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello, Missouri

13. NAME Jr. D. Groode

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello, Missouri

15. MAIDEN NAME Minnie Boggs

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

17. INFORMANT (ADDRESS) Mrs. M. C. Stephens, Glasgow, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Hill DATE June 20, 1934

19. UNDERTAKER (ADDRESS) James E. Richards, Glasgow, Mo.

20. FILED March 21, 1934 Wm. Edwin Brainerd Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1934

22. I HEREBY CERTIFY That I attended deceased from June 18, 1934 to June 18, 1934
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:

Killed by accident
Probably by Automobile
Heart's rupture
Diagnosis of gross at
request
Other contributory causes of importance:

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 W. G. Gunn, M. D.
(Signed) W. G. Gunn, M. D.
(Address) Versailles, Mo.

Coroner.

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

S-1950

10/1/50