

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

Do not use this space.

MAY 24 1935

12397

1. PLACE OF DEATH

County De Kalb Registration District No. 260
Township Grand River Primary Registration District No. 5363
City (No.) St. (Ward)

2. FULL NAME

Joel Chester Wood
(a) Residence (Usual place of abode) No. De Kalb Co. St. (If nonresident, give city or town and State) Ward.
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ruth Wood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15, 1894</u>		
7. AGE	YEARS <u>40</u>	MONTHS <u>7</u>
	DAYS <u>27</u>	IF LESS THAN 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Douglas Co. Mo</u>		
FATHER	13. NAME <u>Daniel Wood</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>	
MOTHER	15. MAIDEN NAME <u>Mary Groves</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>	
17. INFORMANT (ADDRESS) <u>Ruth Wood Cameron De Kalb Co. Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) DATE <u>Dolan's Cemetery 4/15 1935</u>		
19. UNDERTAKER (ADDRESS) <u>J. Poland Cameron</u>		
20. FILED <u>4-15 1935</u> <u>Mary S. McMahall</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. 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:

Called to view the body after death at coroner's office

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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? Accident Date of injury 4-12 1935

Where did injury occur? Highway 69.2 mi. North of Cameron (Specify city or town, county, and State)

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

Manner of injury Struck by motor vehicle

Nature of injury Concussion of Brain

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

If so, specify _____ (Signed) D. E. Saunders _____, M. D. (Address) Stewartville Mo

Coroner of De Kalb Co. Mo

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.

