

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

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

Do not use this space.

JAN 21 1936

4134

1. PLACE OF DEATH

County Saline Registration District No. 801
 Township Levi Paul Primary Registration District No. 6044
 City (No.) St. Ward)

File No. _____
 Registered No. 1

2. FULL NAME

Clifton Mitchell 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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 2 - 1911</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>24</u> | <u>2</u> |
| | | <u>7</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>filling station</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>attendant</u> | | |
| 10. Date deceased last worked at this occupation (month and year) _____ | | |
| 11. Total time (years) spent in this occupation _____ | | |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 4 1936

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

I last saw h. _____ 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:

Fracture Skull
Fracture neck
Shock

Date of onset _____

Other contributory causes of importance _____

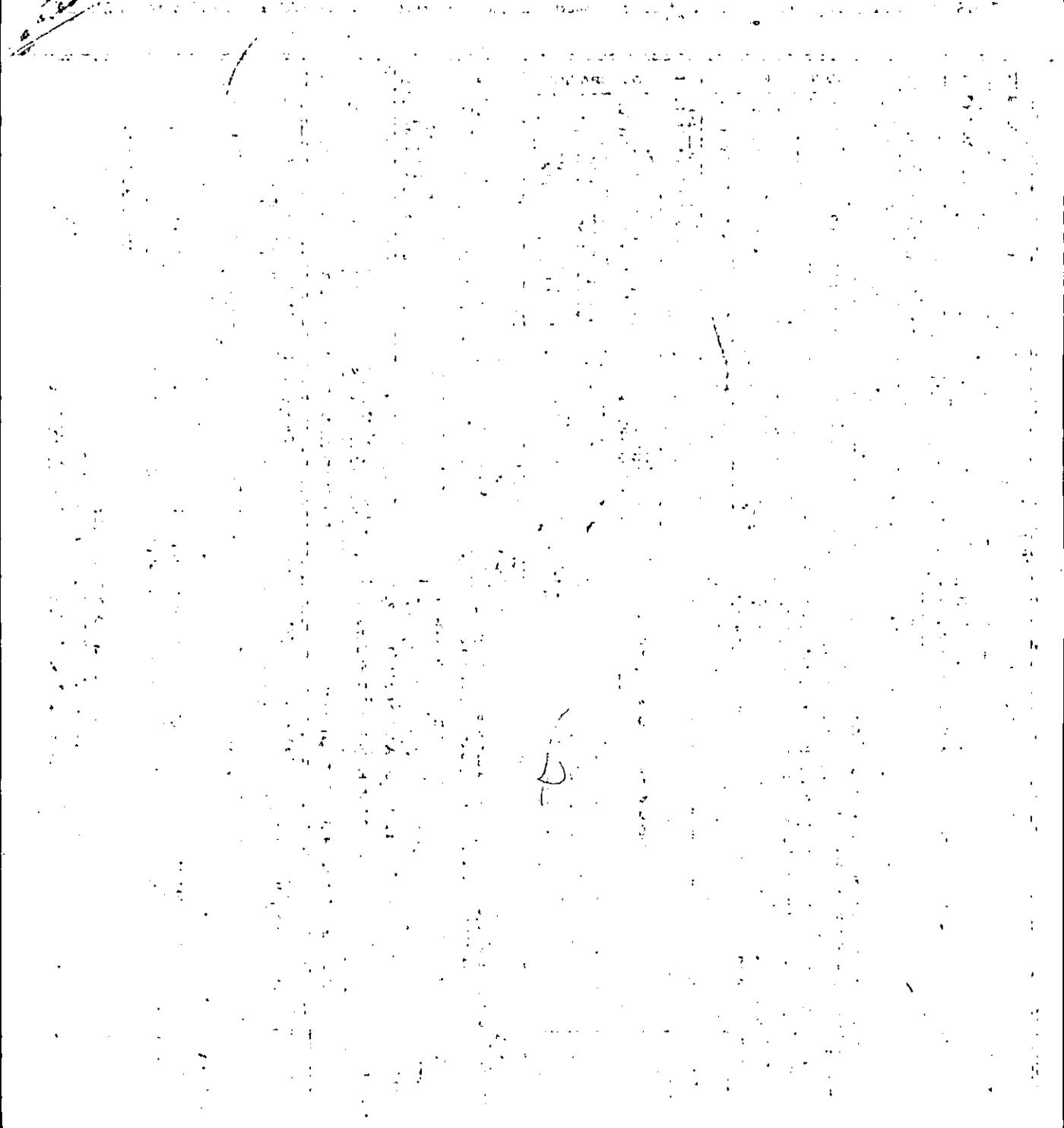
| | |
|---|---|
| OCCUPATION | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall Mo.</u> |
| | 13. NAME <u>Charles M. Wood</u> |
| FATHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co. Mo.</u> |
| | 15. MAIDEN NAME <u>Addie R. Hulser</u> |
| MOTHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co. Mo.</u> |
| | 17. INFORMANT (ADDRESS) <u>Charles M. Wood Marshall Mo.</u> |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridge Park</u> DATE <u>Jan 5 1936</u> | |
| 19. UNDERTAKER (ADDRESS) <u>D. H. Camp Bell Marshall Mo.</u> | |
| 20. FILED <u>Jan 4 1936</u> <u>Rose C. Harrison</u> Registrar. | |

Name of operation _____ Date of _____

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide. Accident Date of injury 1-4 1936
 Where did injury occur? High way 400 near Sweet Springs (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
High way 400
 Manner of injury Automobile accident
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) C. L. Hulser Crower, M. D.
 (Address) Marshall



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1. PLACE OF DEATH

County Saline
Township Salt Pond
City (No. _____) _____

Registration District No. 801
Primary Registration District No. 6044

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

2. FULL NAME

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 4 - 1936

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

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 _____ m.

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

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

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

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 _____

Fracture Skull
Fracture neck of
thorax
Deceased was driving car
when it collided with truck

Other contributory causes of importance: _____

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

13. NAME

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT (ADDRESS)

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury _____

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

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

20. FILED 1 - 4, 1936 Rose C Harrison Registrar

If so, specify _____ (Signed) C. L. Lawless M. D.
(Address) Marshall

SUPPLEMENTAL

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

5-4134