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.

JUN 17 1936

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

Do not use this space.

18895

1. PLACE OF DEATH

County Clay — Registration District No. 198 — File No.

Township ~~Fishing River~~ — Primary Registration District No. 3011 — Registered No.

City Excelsior Springs, Mo (No. Veterans Administration Facility) St. 3d Ward)

2. FULL NAME WOOD, Clayton

(a) Residence, No. Vets. Adm. Facility, Excelsior Springs, Mo. (Usual place of abode) Macon, Missouri (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 29, 1876

7. AGE: Years 60 — Months 2 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LaPlata, Mo.

FATHER

13. NAME Cyrus E. Wood (deceased)

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

MOTHER

15. MAIDEN NAME Adelaide Haines (deceased)

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, ~~CREMATION, OR~~ REMOVAL

PLACE LaPlata, Mo DATE 5-16-36, 19

19. UNDERTAKER (ADDRESS) John C. Prather Undertaker Excelsior Springs, Missouri

20. FILED 5-16-, 1936 Mrs. Rea McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936, 19, to May 16, 1936, 19

I last saw him alive on May 16, 1936, 19 Death is said to have occurred on the date stated above, at 7:08 m. AM

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

	Date of onset
Hypertension, arterial	?
Other contributory causes of importance: Arteriosclerosis, generalized; Chr. fibrous pericarditis; Nephritis, chr; Passive congestion of the lungs.	?

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Name of operation none Date of --

What test confirmed diagnosis? Exam&Obs Was there an autopsy? Yes

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 H. C. Hardegree

(Signed) H. C. HARDEGREE, M. D. Clin. Dir. M. D.

(Address) Veterans Administration Facility Excelsior Springs, Mo.