

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.

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

Do not use this space.

MAN 26 1937

45978

1. PLACE OF DEATH

County St. Francois Registration District No. 772
Township St. Francois Primary Registration District No. 4463
City Clarus (No. _____)

File No. 361
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27-1877
7. AGE YEARS 59 MONTHS 3 DAYS 3 If LESS than 1 day, hrs. _____ min. _____
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A.
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 1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29, 1936
22. I HEREBY CERTIFY, That I attended deceased By request _____, 19____
I last saw deceased 12-29, 1936 Death is said to have occurred on the date stated above, at 9:30 _____
The principal cause of death and related causes of importance were as follows:
Myocarditis Date of onset _____
Other contributory causes of importance: Acute dilatation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
13. NAME Archie Wood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Lucinda Watts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
17. INFORMANT (ADDRESS) Clarus Wood
18. BURIAL, CREMATION, OR REMOVAL PLACE Clarus DATE 12-31, 1936
19. UNDERTAKER (ADDRESS) Joe Palmer
Clarus
20. FILED 1-18, 1937 B. B. Starren Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes
23. If death was due to external cause (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) Clarus Wood
(Address) Clarus St. Francois Co
Clarus

