

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.

MAR 17 1937

5528

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 3011
City Excelsior Springs St. _____ Ward _____

File No. 36
Registered No. _____

2. FULL NAME

John Ireland Wood
(a) Residence, No. Hwy 69 - 4 miles N-City : _____ 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 <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>Dorothy Wood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1895</u>		
7. AGE <u>42.</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Pres. of U.S.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Publishing Co</u>	
	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>Kansas City Mo.</u>		
FATHER	13. NAME <u>John Wood</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME _____	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
17. INFORMANT <u>Prewitt Turner</u> (ADDRESS) <u>Kansas City Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kansas City Mo</u> DATE <u>Feb 28</u> 19 <u>37</u>		
19. UNDERTAKER <u>John C. Brather</u> (ADDRESS) <u>Excelsior Springs Mo.</u>		
20. FILED <u>Feb 27 1937</u> <u>Lorena M. Sisk</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27th 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 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:
Autobolite Accident Date of onset _____

Other contributory causes of importance:
Autobolite & Truck Collision

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 2:27, 1937.
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 Internal Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. L. Young Excelsior, Clay County Mo M. D.
(Address) Excelsior, Missouri

