

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH
96 County St Louis
10 Township Clayton
5 City University

Registration District No. 1160
Primary Registration District No. 4470
(No. 6756 Chamberlin)

File No. 17648
Registered No. 43
St. _____ Ward _____

2. FULL NAME Tress W. Wood

(a) Residence, No. 6756 Chamberlin 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>F</u>	4. COLOR OR RACE <u>w</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>Guy M. Wood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 29 1886</u>		
7. AGE	YEARS	MONTHS
<u>50</u>	<u>50</u>	<u>3</u>
	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>17</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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>New Hartford mo</u>		
FATHER	13. NAME <u>Mike J. Wright</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kan</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Davis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike mo</u>	
17. INFORMANT <u>Guy M. Wood</u> (ADDRESS) <u>6756 Chamberlin</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bowling Green</u> DATE <u>4/19/37</u>		
19. UNDERTAKER <u>Chas. Barber</u> (ADDRESS) <u>Bowling Green mo</u>		
20. FILED <u>April 20 1937</u> <u>Lena V. Moller</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/16/37

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 4:15 p.m.
The principal cause of death and related causes of importance were as follows:
Suicide by firearms Date of onset 4/16/37
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Other contributory causes of importance:
Perforating wound of left chest 4/14/37
Name of operation none Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 4/16 1937
Where did injury occur? University City mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury Suicide by revolver
Nature of injury Perforation of heart & left lung

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify. John O. Connell 4 M. D.
(Signed) Carroll, St Louis
(Address)

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

N. B. - Every item of information should be carefully supplied. Refer to the instructions on the reverse side of this certificate.

