

REC'D MAR 9 1939

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

6698
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 384
(b) Township Howell Primary Registration District No. 5538
(c) City _____ (d) Street No. Howell Co., Welfare Home St. _____
(e) Length of residence in city or town where death occurred - yrs. 4 mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JENNIE WOOD

(a) Residence, No. Mtn. View, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1854
7. AGE YEARS 84 MONTHS 8 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as 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) Rice's Landing
(STATE OR COUNTRY) Green Co. Pa.

FATHER 13. NAME Jesse Pinyerd
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Melvina Rider
16. BIRTHPLACE (CITY OR TOWN) Clarksville,
(STATE OR COUNTRY) Pa.

17. INFORMANT Chas. C. Brawley
(ADDRESS) Mtn. View, Mo.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem.
PLACE West Plains, Mo. DATE Feb. 18, 1939

19. FUNERAL DIRECTOR (NAME) Hal Thornburgh
(ADDRESS) West Plains, Mo.

20. FILED 2-18 1939 Vida W. SIMONS
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1939
22. I HEREBY CERTIFY, That I attended deceased from October 13, 1938 to February 17, 1939
I last saw her alive on Feb. 12, 1939 Death is said to have occurred on the date stated above, at 4: a. m.
The principal cause of death and related causes of importance were as follows:

Senility

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

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? no
If so, specify _____

(Signed) J. M. Bingham, M. D.
244 (Address) West Plains, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.