

1930 MAR 20 1930

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

6903  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 415  
(b) Township Sarcox Primary Registration District No. 5571A  
(c) City..... (d) Street No..... Registered No.....  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Ruby Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1850

7. AGE YEARS 88 MONTHS 2 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Farming  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lexington (STATE OR COUNTRY) Kentucky

FATHER 13. NAME William Sanford Wood  
14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lucretia Jordan  
16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT Mrs Herschel Roper (ADDRESS) Sarcox Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sarcox DATE Feb. 11, 1930

19. FUNERAL DIRECTOR (NAME) Wm. P. Cole (ADDRESS) Sarcox, Missouri

20. FILED 2/12 1930 W. T. Bragdon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1930

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1930, to Feb. 11, 1930  
I last saw him alive on Feb. 8, 1930 Death is said to have occurred on the date stated above, at 2:35 P.M.  
The principal cause of death and related causes of importance were as follows:

Cerebritis  
99  
Date of onset 99 years

Other contributory causes of importance:

Name of operation None Date of 70  
What test confirmed diagnosis Clinical Was there an autopsy? 70

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) Leroy Skinn, M. D.  
(Address) Sarcox, 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-662

Date Filed MAR 16 1939

1939 - 11  
1850-12-10  
88-2-1

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,

Stew C. Cole

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

Stew C. Cole

Licensed Embalmer No. 3708

P. O. Address Sarcophagi, Mo.

Randall Thomas Wood

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.