

NOV 22 1939

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

36007
Do not use this space.

1. PLACE OF DEATH
(a) County Dunklin Registration District No. 290
(b) Township Salem Primary Registration District No. 5408
(c) City Aclyed (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME 301 Ida Bell Wood
(a) Residence, No. _____ 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 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 Bew J. Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27th 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 10 18

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

12. BIRTHPLACE (CITY OR TOWN) Bloomfield (STATE OR COUNTRY) MO

FATHER
13. NAME Henry Stephens
14. BIRTHPLACE (CITY OR TOWN) Bloomfield (STATE OR COUNTRY) MO

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

17. INFORMANT Mr. W. C. Wheeler (ADDRESS) Aclyed, RFD #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Wood Cemetery DATE 10/17/39

19. FUNERAL DIRECTOR (NAME) Howard L. Co (ADDRESS) Leachville, Ark

20. FILED Nov. 1 19 39 G. D. McDaniel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1939

22. I HEREBY CERTIFY that I attended deceased from Oct 28 1939 to Oct 16 1939
I last saw him alive on 19 Death is said to have occurred on the date stated above, at 11:33 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1920
Acute Nephritis 1913

Other contributory causes of importance:
3/8

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? _____ 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 Chronic
(Signed) Howard L. Co, M. D.
(Address) Aclyed, Mo

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2
FORM 9-19-38
I X18605

RECEIVED
District Health Officer No. 3,
District File Number 1139-671
Date Filed 11-14-39

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.....

Thelma H. Howard....., Registered Apprentice No.....
working under my personal supervision.

Signed..... H. H. Howard.....

Licensed Embalmer No. 3959.....

P. O. Address..... Leachville, Ark......

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.