

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

Do not use this space.

9990

1. PLACE OF DEATH

County Liberty Registration District No. 207 File No. _____
 Township Liberty Primary Registration District No. 5780 Registered No. 76
 City Liberty (No. _____) St. _____ (Ward _____)

2. FULL NAME

Jesse Wood J. St. _____ Ward _____
 (a) Residence. No. _____ (If nonresident give city or town and State)
 (Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 29 1929

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF _____

17. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1929, to _____, 19____, that I last saw him alive on Mar 29, 1929, and that death occurred, on the date stated above, at 8:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 29 1929

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 5 hrs. 15 min.

Premature Birth

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

CONTRIBUTORY (SECONDARY) 161 W

9. BIRTHPLACE (CITY OR TOWN) Liberty Mo
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

10. NAME OF FATHER Jesse Wood

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
 (STATE OR COUNTRY)

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

12. MAIDEN NAME OF MOTHER Bessie Stewart
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Liberty Mo
 (STATE OR COUNTRY)

(Signed) Wm. G. Gordon, M. D.

(Address) Liberty, Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT R. J. Stewart
 (Address) Liberty, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Funerary Liberty Mo

DATE OF BURIAL 3/29/1929

15. FILED 4/10/29 Wm. G. Gordon REGISTRAR

20. UNDERTAKER Church - Archer Co Liberty, Mo

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

