

County of FranklinMilitia District of Middle

Registration District No. _____

Registered No. _____

City of Raytown, Mo

(No. _____)

St. _____

2 FULL NAME

Mildred Georjane Wood

Residence. No. _____

St. #1

(Usual place of abode)

Length of residence in city or town where death occurred yrs. _____ mos. _____ ds. _____

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced (write the word)

FemaleWhiteSingle

16 DATE OF DEATH

11/131927

17 I HEREBY CERTIFY, That I attended deceased from _____ to _____

18 If married, widowed, or divorced

HUSBAND of _____

(or) WIFE of _____

6 DATE OF BIRTH. (Mo. da. yr.)

that I last saw h.s. alive on _____, 19____

and that death occurred on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Memorandum

7 AGE

If less than 2 years state if breast fed

If less than 3 days

Yes _____ No _____

1 yr 5 mos

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

(duration) _____ yrs. _____ mos. _____ ds. _____

9 BIRTHPLACE

(State or country)

Franklin, Mo

CONTRIBUTORY

(Secondary)

10 NAME OF FATHER

E. W. Wood

(duration) _____ yrs. _____ mos. _____ ds. _____

11 BIRTHPLACE OF FATHER

(State or country)

Township in Mo

18 Where was disease contracted?

12 MAIDEN NAME OF MOTHER

Nala Manley

Did an operation precede death? _____ Date of _____

13 BIRTHPLACE OF MOTHER

(State or country)

Township in Mo

Was there an autopsy? _____ What test confirmed diagnosis? _____

(Signed) _____

H. S. McCreary

M. D.

(Address) _____

14 THE ABOVE IS TRUE

Informant

E. W. Wood

(Address) _____

Raytown, Mo

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE

Middle River

19

20 UNDERTAKER

ADDRESS

Franklin, Mo

Recorded

1/281928W. W. Phillips

Registrar

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