

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.

1828

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

Do not use this space.

13740

1. PLACE OF DEATH
 County Jasper Registration District No. 411
 Township Juplin Primary Registration District No. 2002
 City Juplin (No.) St. Ward
 Registered No. 205

2. FULL NAME Ray F. Wise Jr.
 (a) Residence. No. East Murrelland St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 5, 1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
8. 4 19

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work School Child
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

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

10. NAME OF FATHER Ray F. Wise Jr.

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

12. MAIDEN NAME OF MOTHER Magel Sanders

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Juplin Mo.
 (STATE OR COUNTRY)

14. INFORMANT Ray F. Wise
 (Address) Juplin Mo.

15. FILED 40 1928 Dr. A. Benson Clark
123 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1928

17. I HEREBY CERTIFY That I attended deceased from Apr 18 1928, to April 23 1928, that I last saw him alive on Apr 23 1928, and that death occurred, on the date stated above, at 9:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
Bronchial Pneumonia
 (SECONDARY) (duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS?.....
 (Signed) Clarence Moody M. D.
4-23 1928 (Address) Juplin Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Hope Cem. DATE OF BURIAL 4-24 1928

20. UNDERTAKER Frank-sewers Co ADDRESS Juplin Mo.

