5 1928

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

Do not use this space.

21063

1. PLACE OF DEATH

County Johnson — Registration District No. 112 — File No.

Township Grover — Primary Registration District No. 5585 — Registered No. 19

City (No. St. Ward)

2. FULL NAME Charles Addison Wise

(a) Residence. No. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Anna Hall

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 21-1863

7. AGE: Years 65 — Months 2 — Days 2 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Um Wise
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): ~~Kentucky~~ Va.
12. MAIDEN NAME OF MOTHER: Martin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia

14. INFORMANT: Mrs. C. A. Wise
(Address): Knob Noster Mo

15. FILED June 1928 Florence S Tyler, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 23d 1928

17. I HEREBY CERTIFY, That I attended deceased from June 20th, 1928, to June 23, 1928, that I last saw him alive on June 23, 1928, and that death occurred, on the date stated above, at 5:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Asthma
93C
11V (duration) 3 wk yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Myo-Cardilis
(duration) 2 yrs. mos. ds.

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) A. Seulon Tyler, M. D.
, 19 (Address) R.W. Sun Springs

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Marshall Cem. — DATE OF BURIAL: 6/24 1928

20. UNDERTAKER: C. L. Sault — ADDRESS: Knob Noster 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD