

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

Do not use this space.

**1. PLACE OF DEATH**

26188-1

26188-1

County Taney  
 Township Swan  
 City (No. ....) .....

Registration District No. 861  
 Primary Registration District No. 6132

File No. ....  
 Registered No. 17  
 St. .... Ward)

**2. FULL NAME**

W.B. Wisener

(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 Loujettie Wisener

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work U.S. Army  
 (b) General nature of industry, business, or establishment in which employed (or employer) Recruiting  
 (c) Name of employer U.S. Army

9. BIRTHPLACE (CITY OR TOWN) Wapakoneta Ohio  
 (STATE OR COUNTRY)

10. NAME OF FATHER John S. Wisener

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

12. MAIDEN NAME OF MOTHER Georgena Brock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Bremen Ohio  
 (STATE OR COUNTRY)

14. INFORMANT Loujettie Wisener  
 (Address) Wife Springfield Mo

15. FILED 11-26-28 F.V. Baldwin  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3rd 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Death occurred 1/2 hr before I arrived  
assumed this diagnosis  
Chronic Myocarditis (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90%  
 (duration) 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) Thos. H. Gell, M. D.  
 , 19..... (Address) Springfield Mo

\*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 Wapakoneta Ohio DATE OF BURIAL 7-9 1928

20. UNDERTAKER Herman Lohnmeyers ADDRESS Springfield Mo.

