

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

Do not use this space.

5937

1. PLACE OF DEATH

County Cooper
Township North Monticau
City (No.) (St.) (Ward)

Registration District No. 224
Primary Registration District No. 5309

File No.
Registered No. 4
St. Ward

2. FULL NAME Nancy Jane Wisdom

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (widow) widowed

5A. IS MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (or) WIFE OF L.P. Wisdom

6. DATE OF BIRTH (MONTH, DAY AND YEAR) march 16 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>10</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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

10. NAME OF FATHER Archib. Hamlet

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

12. MAIDEN NAME OF MOTHER Martha A. Schupfey

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

14. INFORMANT H.L. Wisdom
(Address) California

15. FILED 2-9-29 A.H. Meredith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-8 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 10 1927 to 2-8 1929 that I last saw him alive on 2-7 1929, and that death occurred, on the date stated above, at Prarie Home No 2

THE CAUSE OF DEATH* WAS AS FOLLOWS
90% Central Aneurysm
80% Aneurysm
Alophxy

CONTRIBUTORY (SECONDARY) Chr. Valvular (duration) 3 yrs. mos. da.
Heart (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, DATE OF
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS?
Signed: A.H. Meredith, M.D.
(Address) Prarie Home No 2

*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 DATE OF BURIAL

Providence Cem 2-9 1929

20. UNDERTAKER
C. Albert Hornbeck Prairie Home

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.

PARENTS

