

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.

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

Do not use this space.

22091

PLACE OF DEATH

County *Franklin*
Township *Franklin*
City *Franklin* (No.)

Registration District No. *1089*
Primary Registration District No. *5-136*

File No.
Registered No.
St. Ward)

2. FULL NAME *Mary E. Wiseearner*

(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 *Female*
4. COLOR OR RACE *white*
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Geo. Wiseearner*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *March 15-1852*

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, ... hrs. or min.
78 3 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at home*
(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) *St. Francis Co., Mo.*

10. NAME OF FATHER *John De Land*

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

12. MAIDEN NAME OF MOTHER *Unknown*

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

14. INFORMANT *James Jordan*
(Address) *Virgil Kansas*

15. FILED *July 12, 1930* *J. B. Endersby* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH, (MONTH, DAY AND YEAR) *July 8 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Aug 2*, 1928, to *July 8*, 1930
that I last saw him alive on *Nov 19*, 1929, and that death occurred, on the date stated above, at *4 P* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of bowels.

25

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *none*

(Signed) *W. B. Over*, M. D.

July 8, 1930 (Address) *Wilksville, 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 DATE OF BURIAL

Shilo *July 9 1930*

20. UNDERTAKER ADDRESS

Frank Underwood *Topland Bluff*

