

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

Do not use this space.

2295

PLACE OF DEATH

County Madaway
Township Palk
City (No. _____) _____ St. _____ Ward _____

Registration District No. 625
Primary Registration District No. 5827

File No. _____
Registered No. 7 St. _____ Ward _____

2. FULL NAME Anna Elizabeth Wiseman
(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 20 - 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 10 1
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) 2:44
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mad. Co. Mo 1
10. NAME OF FATHER J. M. Wiseman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2
12. MAIDEN NAME OF MOTHER Adaline Booth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT W. H. Wiseman
(Address) Maryville Mo

15. FILED 1-22 1931 C. P. Fryer
M.E.C. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Jan 21, 1931, that I last saw him alive on Jan 20, 1931, and that death occurred, on the date stated above, at 8-11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
(duration) _____ yrs. _____ mos. 17 ds.
CONTRIBUTORY (SECONDARY) 108
(duration) _____ yrs. _____ mos. _____ ds.
18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. B. Steyford M. D.
1/22 1931 (Address) Maryville, 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 Rains Cemetery DATE OF BURIAL Jan 19 31
20. UNDERTAKER Trice Funks ADDRESS Maryville Mo

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

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.

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