

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

Do not use this space.

20801

**1. PLACE OF DEATH**

County Gascon  
Township Drewitt  
City                      (No.                     )

Registration District No. 136  
Primary Registration District No. ~~407~~ 5-194

File No.                       
Registered No. 8 St.                      Ward)                     

**2. FULL NAME**

Charles 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Augusta Kempf Wise

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-10-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 2 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                     

10. Date deceased last worked at this occupation (month and year)                      11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Posen, Germany

13. NAME August Wise

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Julia Kempf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Augusta Wise (ADDRESS) Drewitt mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wesleyan Care DATE 6-30-1931

19. UNDERTAKER Wesleyan Home (ADDRESS) Drewitt mo

20. FILED June 30, 1931 Calvin Hickerson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28-1931

22. I HEREBY CERTIFY, That I attended deceased from 4-1-, 1931, to 6-28, 1931.

I last saw him alive on 6-28-, 1931. Death is said to have occurred on the date stated above, at 5:05 p.m.

The principal cause of death and related causes of importance were as follows:

Progressive muscular atrophy

Other contributory causes of importance:                     

Name of operation X Date of                       
What test confirmed diagnosis? X Was there an autopsy?                     

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X, 19                    

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.                     

Manner of injury X  
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?                     

If so, specify                      (Signed) H. E. Tatum, M. D.

(Address) Drewitt 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.

JUL 23 1931 JUL 23 1931

USE OF DEATH... Exact statement of...  
...should be carefully applied. AGF should be stated EXACTLY BY PHYSICIAN

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Carroll  
Township Dewitt  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 136  
Primary Registration District No. 5794

File No. \_\_\_\_\_  
Registered No. 8  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-10-1884

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
Y V 2 18

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

FATHER 13. NAME \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

MOTHER 15. MAIDEN NAME \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT Carroll R. P. [unclear] Son (ADDRESS) \_\_\_\_\_

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

20. FILED June 30, 1931 Calvin Fisher Registrar

(Address) \_\_\_\_\_

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

REGISTRATION OF DEATHS IS VERY IMPORTANT

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