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.

MAR 21 1932

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 3836

Township — Primary Registration District No. 1001 — Registered No. 190

City St Joseph (No. 619½ Edmond street St. Ward)

2. FULL NAME Charles J Wisser

(a) Residence, No. 828 south 9 street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Duffey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 2, 1875

7. AGE: YEARS 56 — MONTHS 4 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Editor St. Joseph Post 196
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. News Paper owner
10. Date deceased last worked at this occupation (month and year) Febr. 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walkerton Ontario Canada 5

FATHER

13. NAME Charles Wisser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ontario Canada

MOTHER

15. MAIDEN NAME Hanah Mahoney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Canada

17. INFORMANT (ADDRESS) Mrs H. H. Taylor 1601 Olive St St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Olivet Cemetery
PLACE St Joseph Mo. DATE March 2 1932

19. UNDERTAKER (ADDRESS) H. J. Sidenfaden 1802 Union st St Joseph Mo.

20. FILED FEB 29 1932 19 John R. Bender Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 28, 1932

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

I last saw h..... alive on about ....., 19..... Death is said to have occurred on the date stated above, at 8 P m.

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

Cerebral Apoplexy 824 — Date of onset

Other contributory causes of importance: None

(5)

Name of operation ..... Date of .....

What test confirmed diagnosis History Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

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

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

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) B. W. Tadlock-Coroner, M. D.

(Address) 821 Francis