

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

Do not use this space.

8076

File No. _____
Registered No. **196**
St. _____ Ward)

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2001
City Springfield (No. 1946 Taylor)

2. FULL NAME

(a) Residence, No. 1946 Taylor 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16-1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	76	9	22	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
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) Jenn. / 2

FATHER 13. NAME James J. Wise

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

MOTHER 15. MAIDEN NAME Betsy Farley

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

17. INFORMANT (ADDRESS) P. C. Wisefeld Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hick Cemetery DATE March 10 1932

19. UNDERTAKER (ADDRESS) J. M. Hugney & Co Springfield Mo.

20. FILED 3-9 1932 Don Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1932 to March 8 1932
I last saw h. alive on March 4 1932 Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset
<u>Coronary sclerosis</u> 7
<u>93C</u>
<u>94B</u>
<u>97</u>
<u>Chryocarditis</u> 7
<u>arterio sclerosis</u> -

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Arthur P. Knobb M. D.
(Address) 400 1/2 E. Canal

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.

APR 26 1932

LETTER WITH UNFADING INK—THIS IS A PERMANENT RECORD

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