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.

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

Do not use this space.

2246

File No.
Registered No. 7

1. PLACE OF DEATH
County: Ralls
Township:
City: Moscow Mills (No. St. Ward)

Registration District No. 502
Primary Registration District No. 4305

2. FULL NAME: William Joseph Whiseman

(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. 6 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 11 1867

7. AGE: Years 65 Months 6 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION
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): Macon Co Mo

FATHER
13. NAME: John D Whiseman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

MOTHER
15. MAIDEN NAME: Margaret J Holland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

17. INFORMANT (ADDRESS): Nellie Whiseman Moscow Mills Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New Cambria DATE: Jan 31 1933

19. UNDERTAKER (ADDRESS): Jas M Young Mexico Mo

20. FILED: 1933 Ella Putman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 29 1933

22. I HEREBY CERTIFY That I attended deceased from April 1932, to Jan 29 1933
I last saw him alive on Jan 29 1933. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive heart failure	1/24/33
132A	
82B	
93B	

Other contributory causes of importance: Pulmonary edema, Cerebral embolism, Hypertension, Nephritis

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

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?
If so, specify
(Signed) M. L. Dieterdeger, M. D.
(Address) Moscow Mills Mo.