344 MAR 1933

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.

4496

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No.
Township Washington — Primary Registration District No. 6162 — Registered No. 16
City (No. , St. Ward)

2. FULL NAME Jno. E. Wise
(a) Residence, No. State Hospital #3 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. 1 mos. 10 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): wid.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: not known
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 19 / 1890
7. AGE: YEARS 42 — MONTHS 3 — DAYS 17 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: painter (signs)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1
10. Date deceased last worked at this occupation (month and year): 1
11. Total time (years) spent in this occupation: most of life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sedalia Mo.

FATHER
13. NAME: Jno. Wise
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

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

17. INFORMANT (ADDRESS): Mrs. Lou Leslie, E. 16th St. Sedalia, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Sedalia, Mo. DATE: 1-7-1933
19. UNDERTAKER (ADDRESS): Ferry Funeral Home, Nevada Mo.
20. FILED: 2-1-1933 E. R. King, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Ohio - E.W. Jan. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1932 to Jan. 5, 1933
I last saw him alive on 1 1, 1933. Death is said to have occurred on the date stated above, at 2-15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gen. paralysis of the insane	+
(syphilis of the central nervous syst.	
1 9 1 B	
83	

Other contributory causes of importance:
septicemia (trauma of hand & foot) 1 mo.
84

Name of operation: Exc. of abscesses — Date of several
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) T. T. O'Dell, M. D.
(Address) Nevada, Mo.