

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

Do not use this space.

**19944
2662**

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 227 East 31) St. _____ Ward _____

2. FULL NAME John Wise

(a) Residence, No. 227 East 31 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 25 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 Married
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tree Surgeon
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) Missouri

13. NAME Arron Wise

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Elnora Wise (ADDRESS) 227 East 31

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem DATE June 27, 33

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 W. Linwood

20. FILED 6-26-33 m. m. Crowe Asst. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25/33 1933

22. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____
I last saw _____ live on _____ 19____ Death is said to have occurred on the date stated above _____ m.

The principal cause of death and related causes of importance were as follows:
Cornuyschrosis
Chronic Interstitial Nephritis

Other contributory causes of importance:
93C
940
930

Name of operation no Date of _____
What test confirmed diagnosis intest 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) [Signature] M.D.
(Address) [Address]

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.

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1
31

~~FILED~~

