

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.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. 1115)

Registration District No. 399
Primary Registration District No. 1002
Wyandotte

File No. 23402
Registered No. 3108 (Ward)

2. FULL NAME

Dr. Julius C. Wise

(a) Residence, No. 1115 Wyandotte 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1847

7. AGE YEARS 86 MONTHS 2 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist & Physician
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) Germany

FATHER 13. NAME John Wise

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Jenny Landgraf

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Belva Wise (ADDRESS) 1115 Wyandotte, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation Elmwood Cem. DATE Aug. 1, 1936

19. UNDERTAKER R. V. Lindsey & Sons, Inc. (ADDRESS) K.C. Mo.

20. FILED July 31, 1936 immerow Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1932 to July 28, 1936. I last saw him alive on July 28, 1936. Death is said to have occurred on the date stated above, at 3:25 PM. The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
97
197
97
Other contributory causes of importance: Chronic Prostatitis

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? If so, specify (Signed) W. L. Ray, M. D. (Address) 321 Altman Bldg

