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

Do not use this space.

File No. 32753
Registered No.

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 2-007
City Springfield Mo. (No. 446 Normal St. Ward)

2. FULL NAME Mrs. Harriett Wise

(a) Residence, No. 4 Sedalia 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.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Herman Wise

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2 — 1908

7. AGE: Years 24 | Months 11 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Sedalia Mo.

FATHER
13. NAME Harry F. Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Ida Altemifler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Delia Altemifler
(ADDRESS) 446 Normal

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's DATE 10-9 1933

19. UNDERTAKER Chas. Lohmeyer & Home
(ADDRESS) 3458 Lyons

20. FILED 10-7 1933 Ralph W. Lawston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6 — 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-16, 1931, to 10-6, 1933
I last saw h~~er~~ alive on 10-6, 1933 Death is said to have occurred on the date stated above, at 2:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
23A 93	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Clinical & T.B. Was there an autopsy? No
and Physical

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) Mary Jane Alberdin, M. D.
(Address) 1432-442 Medical Arts Bldg.