

MAY 25 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County GundyRegistration District No. 326 ✓Township FranklinPrimary Registration District No. 4196City Spickard (No. ....)

File No. 16443  
Registered No. 6  
St. .... Ward)

2. FULL NAME Emily Jones Wise

(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Abram Wise6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18 18477. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
86 8 278. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

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) Harriet Co. Kentucky13. NAME John W. Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harriet Co. Kentucky15. MAIDEN NAME Elizabeth Jones16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harriet Co. Kentucky17. INFORMANT (ADDRESS) Bessie Wise Spickard

18. BURIAL, CREMATION, OR REMOVAL

PLACE South Evans DATE May 10 193419. UNDERTAKER (ADDRESS) Chas E. Scheeler Spickard Mo20. FILED May 10 1934 Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 193422. I HEREBY CERTIFY, That I attended deceased from May 8 1933 to May 8 1934I last saw him alive on May 6 1934 Death is said to have occurred on the date stated above, at 7 1/2 m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis Date of onset 1 year  
arteriosclerosis

Other contributory causes of importance:

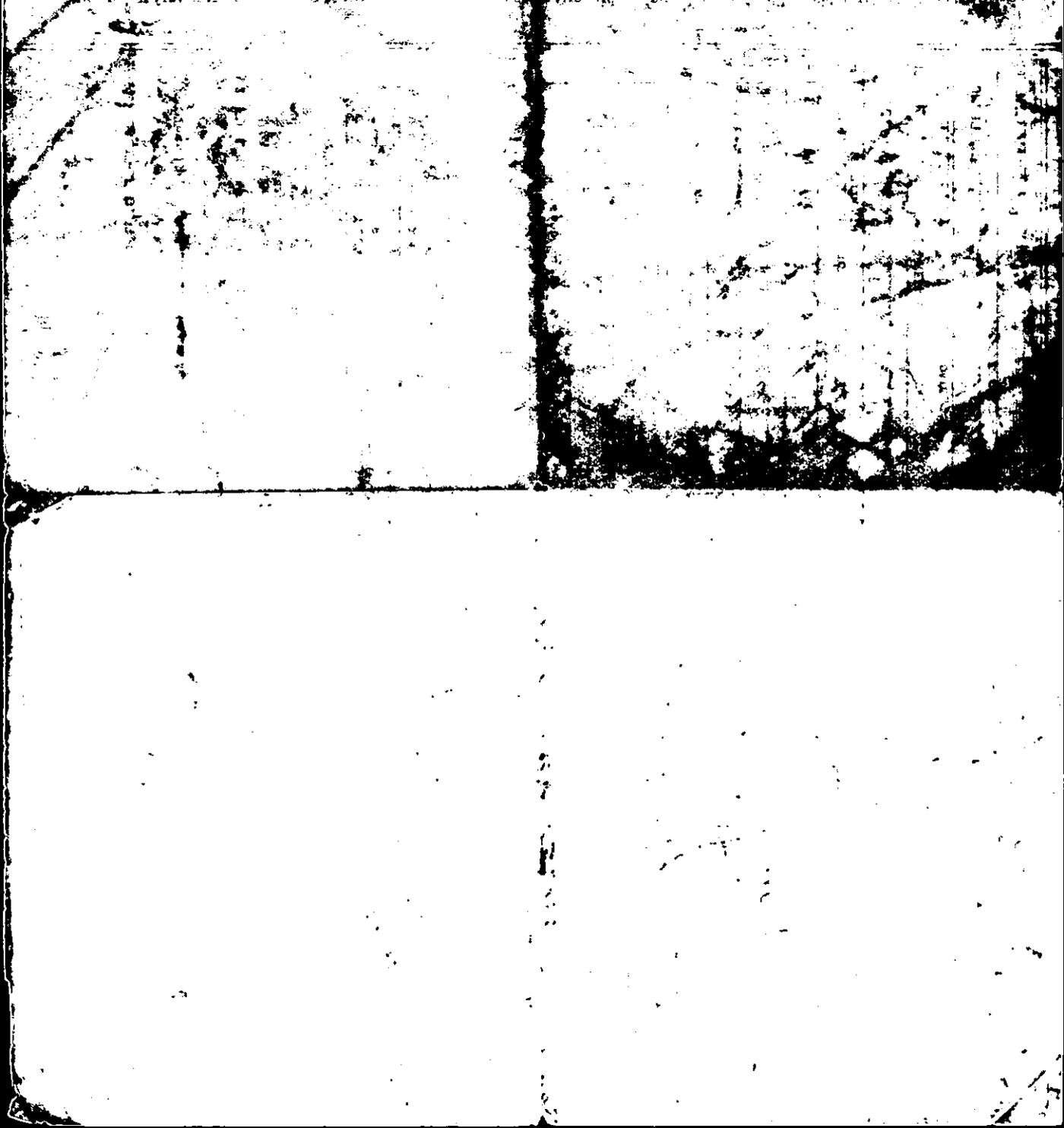
Name of operation not Date of 4  
What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no 19....Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) C. M. Clendinning M. D.  
(Address) Spickard Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County Greene Registration District No. 326  
 Township Spickard Primary Registration District No. 4196  
 City Spickard (No. ....) St. .... Ward (....)

2. FULL NAME Emily Jones Wise  
 (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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. ....  
 Registered No. 6

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>86</u>	<u>8</u>	<u>27</u>	

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

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)

FATHER

13. NAME John W Jones

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

MOTHER

15. MAIDEN NAME Elyzabeth Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spickard Mo

17. INFORMANT Bessie Wise Spickard (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE South Evans DATE May 10 1934

19. UNDERTAKER (ADDRESS)

20. FILED May 9 1934 Mrs Ruth Cook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1934

22. I HEREBY CERTIFY, That I attended deceased from May 5 1934, to May 8 1934  
 I last saw h. alive on May 6 1934 Death is said to have occurred on the part stated above, at 7 P m.  
 The principal cause of death and related causes of importance were as follows:  
chronic nephritis  
arteriosclerosis  
apoplexy  
 Date of onset

Other contributory causes of importance

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) C. L. Mc Clanahan, M. D.  
 (Address) Spickard Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

S-16443