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

Do not use this space.

File No. 23308
Registered No. 815

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St. Joseph, (No. State Hospital #2. St. Ward)

2. FULL NAME: Jacob Henry Wisherd

(a) Residence, No. 2605 Lafayette St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Evaline V. Wisherd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 11, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retail fish & oyster Merchant.

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): Retired 1919 — 11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): McDonough Co. Ill.

FATHER

13. NAME: John Wisherd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): McDonough Co., Ill.

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): J. L. Wisherd, Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bushnell, Illinois DATE July 19, 1934

19. UNDERTAKER (ADDRESS): Walter Meierhofer, 1302 Faraon St. St. Joseph, Mo.

20. FILED 7-18-1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.50 m A.M.

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

		Date of onset
Chronic Myocarditis	131	9-9-34
Chronic Nephritis	93C 95	6-9-34

131

Other contributory causes of importance:
Epilepsy prior to 1-27-27

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Dr Clayton Smith, M. D.
(Address) State Hosp. #2. St. Joseph, Mo.

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

AUG 14 1934