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.

AUG 8 1934

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

Do not use this space.

24107

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 333
Township — Primary Registration District No. 2001 — Registered No.
City Springfield (No. 805 E. Grand Ave. St. Ward)

2. FULL NAME Maria Wise
(a) Residence, No. 805 E Grand Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11 - 1858

7. AGE YEARS 75 MONTHS 8 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Wis.

FATHER
13. NAME Wm Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Jane Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Content Wise Springfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshfield, Mo DATE July 16, 1934

19. UNDERTAKER (ADDRESS) McMahan Funeral Service Marshfield, Mo

20. FILED 7-13, 1934 ~~[illegible]~~ Registrar Ralph Langston

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1934

22. I HEREBY CERTIFY That I attended deceased from July 10, 1934, to July 13, 1934
I last saw her alive on July 13, 1934 Death is said to have occurred on the date stated above, at 6:40 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial Pneumonia

1078

1078

Other contributory causes of importance:
Paralysis Agitans

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) Nollie Smith, M. D.
(Address) Springfield, Mo.