

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

Do not use this space.

24894

1. PLACE OF DEATH

County Jackson Registration District No. 471
 Township St. Olive Primary Registration District No. 1101
Kansas City, Mo.

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 229 N. Olive 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 <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary E. Wisman</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 18, 1855</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>6</u>	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>			
	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) <u>Ohio</u>				
FATHER	13. NAME <u>no Record</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no Record</u>			
MOTHER	15. MAIDEN NAME <u>no Record</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no Record</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Iona Green 229 N. Olive St</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. John</u> DATE <u>7-28-34</u>				
19. UNDERTAKER (ADDRESS) <u>Mrs. C. A. Beale 918 Brooklyn Ave</u>				
20. FILED <u>7-28</u> 19 <u>34</u> <u>mon</u> <u>Clow</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 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 5:15 P.

The principal cause of death and related causes of importance were as follows:
Coronary sclerosis
Chronic fibrous myocarditis

Other contributory causes of importance:
72
910
730

Name of operation _____ Date of _____
 What test confirmed diagnosis Autopsy 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) [Signature] M.D.
 (Address) _____

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. 21 1934

WHITE PLAINLY, WITH OUTLINES DRAWN TO A TAPERING POINT

