

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.

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

Do not use this space.

MAY 21 1935

12075

1. PLACE OF DEATH

County Butler Registration District No. 89
Township..... Primary Registration District No. 3007
City Poplar Bluff (No. Brandon Hospital) St. Ward)

File No.
Registered No. 86
St. Ward)

2. FULL NAME

John D. Wise

(a) Residence, No. St. Ward. Malden, Mo.
(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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1919 Est</u>		
7. AGE YEARS <u>16 Est</u>	MONTHS	DAYS
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer		11. Total time (years) spent in this occupation
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)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dunklin Co. Mo</u>		
13. NAME Carmack Wise		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
15. MAIDEN NAME Willie Meyers		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dunklin Co. Mo.</u>		
17. INFORMANT Carmack Wise (ADDRESS) Malden, Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Gilliard</u> DATE <u>4-30</u> 19 <u>35</u>		
19. UNDERTAKER Craig and Son (ADDRESS) Malden, Mo		
20. FILED <u>4-30</u> 19 <u>35</u> O. C. C. C. C. C. Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1935

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 3:35 P.M.
The principal cause of death and related causes of importance were as follows:

<u>Tetanus</u>	Date of onset <u>4-28-35</u>
<u>Blister on heel</u>	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Wasserman Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 4-8, 1935
Where did injury occur? Malden Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Shoe rolled blister on heel
Nature of injury Broken blister

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Richard Reynolds M. D.
(Address) Poplar Bluff

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