

AUG 5 1935

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

Do not use this space.

22362

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 1257
Township II Primary Registration District No. 5178
City Wm (No. R.F.D.#4 Cape Girardeau, Mo. St. 190 Ward)

2. FULL NAME Joseph Albert Niswonger

(a) Residence, No. R.F.D.#4 Cape Girardeau, Mo. Ward. (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) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 30, 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63. 2. 13.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Millersville, Mo.
(STATE OR COUNTRY)13. NAME Peter Niswonger14. BIRTHPLACE (CITY OR TOWN) Millersville, Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Cordelia Niswonger16. BIRTHPLACE (CITY OR TOWN) Millersville, Mo.
(STATE OR COUNTRY)17. INFORMANT Omer Niswonger
(ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Niswonger, Cemt. DATE July 15, 193519. UNDERTAKER Haman's Funeral Home
(ADDRESS) Cape Girardeau Mo.20. FILED 7-13 1935 J.M. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 193522. I HEREBY CERTIFY, That I attended deceased from May 15, 1935 to July 13, 1935

I last saw him alive on July 13, 1935. Death is said to have occurred on the date stated above, at 445p.m.
The principal cause of death and related causes of importance were as follows:

Diabetes
Infection of leg due to Diabetes
Date of onset

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? No23. 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? Yes

If so, specify _____

(Signed) Paul R. Williams M. D.(Address) Cape Girardeau, 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.

