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

AUG 6 1935

Do not use this space.

File No. 25398

Registered No.

1. PLACE OF DEATH
County: Vernon
Township: Bacon
City: (No. , St. Ward)

Registration District No. 877
Primary Registration District No. 6163

2. FULL NAME: G. Eddie Wiseman

(a) Residence, No. 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: 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): Aug 6, 1918

7. AGE: YEARS 16 | MONTHS 11 | DAYS 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Piggott Ark.

FATHER
13. NAME: Eddie Wiseman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marceline Missouri

MOTHER
15. MAIDEN NAME: Dena S. Baxter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Dena S. Wiseman 222 Steel Bldg. Denver Colo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Green Lawn DATE: July 31, 1935

19. UNDERTAKER (ADDRESS): Lute Lewis & Son. Schell City Mo

20. FILED: July 28, 1935. Pearl Peters, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1935 to , 19 .
I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 3 P.m.
The principal cause of death and related causes of importance were as follows:

Accidently drowned While Swimming In River

Date of onset

Other contributory causes of importance:

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: July 28, 1935
Where did injury occur? Vernon Co. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Nature of injury: Drowning

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. R. Colson, M. D.
(Address) Schell City Mo.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered No.....

City..... (No....., ... St. .....Ward)

2. FULL NAME.....

(a) Residence, No..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	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)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

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

17. INFORMANT.....
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE.....,19....

19. UNDERTAKER.....
(ADDRESS)

20. FILED....., 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

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

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

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

	Date of onset

Other contributory causes of importance:

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)....., M. D.

(Address).....

NB.—Every item of information should be carefully supplied. Age should be stated EXACTLY. FINISH CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very im