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

SEP 18 1935

Do not use this space.

25900

1. PLACE OF DEATH
County Christian — Registration District No. 185 — File No.
Township Sparta — Primary Registration District No. 4111 — Registered No.
City Sparta (No. ..... St. ..... Ward)

22
5
1

2. FULL NAME Robert Jefferson Wise

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 2 - 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	67	5	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Billings Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Jas. Wise
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER A. Farley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

14. INFORMANT M. A. Wise
(Address) Sparta Mo.

15. FILED 9-6, 1935 Josephine Merritt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17 1935

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1933, to Aug 17, 1935 that I last saw him alive on Aug 17, 1935 and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Aortic Regurgitation
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. Wise, M. D.
8/18, 1935 (Address) Sparta Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Lorenzy Chapel	8-19 1935

20. UNDERTAKER	ADDRESS
Pathlum Und Co	Sparta, 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.