

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.

NOV 26 1935

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

Do not use this space.

33673

## 1. PLACE OF DEATH

County Polk  
Township Cullen  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 713  
Primary Registration District No. 5942

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

## 2. FULL NAME

DAVID WISEMAN

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11<sup>th</sup> 1860</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>2</u>
	DAYS <u>28</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>Common Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Factory work</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1925</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	13. NAME <u>Jacob Wiseman</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Elizabeth Gumpert</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	17. INFORMANT <u>Mellie Cook</u>
	18. BURIAL, CREMATION, OR REMOVAL
	19. UNDERTAKER <u>J. F. Rogers &amp; Sons</u>
20. FILED <u>10/9</u> , 1935 <u>C. F. Mellett</u> Registrar	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/8, 193522. I HEREBY CERTIFY, That I attended deceased from 10/8, 1935, to 10/8, 1935I last saw him alive on 10/8, 1935. Death is saidto have occurred on the date stated above, at 8:45 p.m.

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

Cerebral Embolism, Hypertension 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 \_\_\_\_\_, 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? no

If so, specify \_\_\_\_\_

(Signed) C. F. Mellett, M. D.(Address) Waymouth

