

MAR 16 1936

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

Do not use this space.

4656

## 1. PLACE OF DEATH

County *Dachanoun*Registration District No. **85**

File No. ....

Township .....

Primary Registration District No. **1001**Registered No. **200**City *St. Joseph*

(No. ....)

*Mo. Med. Hosp.*

St. ....

Ward .....

## 2. FULL NAME

(a) Residence, No. *5 1/2 miles North Robinson, Kansas* 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

*Female*

## 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)

*May 3 1912*

## 7. AGE

*23*

## YEARS

*9*

## MONTHS

*10*

## DAYS

.....

If LESS than 1 day, ..... hrs. or ..... min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

*Homemaker*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

*Home*

10. Date deceased last worked at this occupation (month and year)

*Dec 19 35*

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Mo Oregon*

## MOTHER FATHER

## 13. NAME

*John S. Wise*

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

*Mo Oregon*

## MOTHER

## 15. MAIDEN NAME

*Belle Chert*

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

*Mo Oregon*

## 17. INFORMANT (ADDRESS)

*John S. Wise Robinson Kansas*

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE *Lawrence, Kas* DATE *Feb 16 36*

## 19. UNDERTAKER (ADDRESS)

*Margis Funeral Home Troy, Kansas*

## 20. FILED

*2-130*

1936

*John C. Bendery Registrar*

## MEDICAL CERTIFICATE OF DEATH

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

*July 13 1936*

## 22. I HEREBY CERTIFY, That I attended deceased from

*Jan 18 1936, to Feb 13 1936*I last saw her alive on *Feb 13 1936*. Death is saidto have occurred on the date stated above, at *12* m.

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

*Empyema*

Date of onset

*3 weeks*

Other contributory causes of importance:

*Lobar pneumonia ?*Name of operation *Closed drainage of left*What test confirmed diagnosis? ..... Was there an autopsy? *Yes*

## 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) *P. H. Galt*, M. D.(Address) *St. Joseph, 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.

