

MAR 16 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph(No. 1)St. Joseph HospitalFile No. 5176Registered No. 260St. 1

Ward

## 2. FULL NAME

(a) Residence, No. Conception Yeb. Mo. St.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 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)

June - 22 - 1914

7. AGE

YEARS

22

MONTH

8

DAYS

5

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

OCCUPATION

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

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) (STATE OR COUNTRY)

Rosendale, Mo

FATHER

13. NAME

Elmer Lee Wise

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

Whitesville Mo

MOTHER

15. MAIDEN NAME

Nanny Gladys Randolph

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

Summerset Ia

17. INFORMANT

(ADDRESS)

Elmer L Wise  
Conception Yeb Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Whitesville DATE 3 - 2 - 1937

19. UNDERTAKER

(ADDRESS)

E. P. Breit  
Conception Yeb Mo

20. FILED

Feb 27, 1937 H. G. Hestiback  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Feb 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb 27, 1937, to Feb 27, 1937I last saw him alive on Feb 27, 1937. Death is saidto have occurred on the date stated above, at 2:50 pm.

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

Date of onset

Rifle bullet wound  
in brain with  
suicidal intent 167

Other contributory causes of importance:

Depressive psychosis

Name of operation

Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury Feb 27, 1937Where did injury occur? Conception Yeb Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Rifle bullet wound in

Nature of injury

Brain24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

W. B. Barnett, M. D.

(Address)

Jefferson 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.

