

MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Francois Registration District No. 773 File No. 7917
Township St. Francois Primary Registration District No. 6018A Registered No. 34
Near City Farmington, Mo. (No. 4) St. 1 Ward 4

2. FULL NAME JAMES T. WISEMAN
(a) Residence, No. Hickory Ridge, Mo. St. 1 Ward 4
(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

MEDICAL CERTIFICATE OF DEATH

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) Feb 21-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 16

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

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) Cape Girardeau County Missouri

13. NAME Louis Wiseman

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

15. MAIDEN NAME Margaret Kenyon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau County Missouri

17. INFORMANT (ADDRESS) Hospital Records Farmington, I.O.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital Cemetery DATE Feb. 10 19. 37

19. UNDERTAKER (ADDRESS) Cozean Funeral Home Farmington, Missouri

20. FILED Feb 8 19. 37 B. J. Robinson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 7, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1936 to Feb 7, 1937
I last saw him alive on Feb 6, 1937. Death is said to have occurred on the date stated above, at 8⁰⁰ a. m.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia
Following Influenza attack
11a
Other contributory causes of importance:
Generalized Arteriosclerosis
with cerebral or mental deterioration

Name of operation _____ Date of _____
What test confirmed diagnosis? Chival 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?
If so, specify _____
(Signed) P. J. Fair M. D.
(Address) State Hosp. #4 Farmington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Every neighbor or informant should be carefully supplied. A list should be stated. A list should be stated. A list should be stated.

1937

MOTHER FATHER

