

APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township Jackson
City Jackson (No. St. Ward)

Registration District No. 944
Primary Registration District No. 5447 B

File No. 11995
Registered No. 3

2. FULL NAME

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James T. Viskman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12-1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 8 0

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

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) Joplin Mo

13. NAME Alexander Cerysdale

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

15. MAIDEN NAME Mary E. Bodenhamer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co Mo

17. INFORMANT (ADDRESS) Keith Viskman
514 1/2 1st St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dishman Cem DATE Mar. 14 1937

19. UNDERTAKER (ADDRESS) Rainey Funeral Home
Marshfield Mo

20. FILED Mar. 15 1937 Clyde R. Anderson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1937

22. I HEREBY CERTIFY, That I attended deceased from March 12 1937, to March 12 1937

I last saw h. er alive on March 12 1937 Death is said

to have occurred on the date stated above, at 2 P m.

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

Suicide by Hanging Date of onset

Other contributory causes of importance 165

Nervous Breakdown

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? Suicide 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) R. H. Foote M.D. M. D.

(Address) Stratford Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

