

JUN 12 1937

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

Do not use this space.

19085

1. PLACE OF DEATH

County **Jackson**

Registration District No. **399**

Township **Kaw**

Primary Registration District No. **1602**

City **Kansas City**

(No. **Trinity Hospital**)

File No.

Registered No. **2990**

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

**Albert C. Wiser**

(a) Residence, No. **3612 Walnut Street**

(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **48** 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)

**Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

**April 30, 1883**

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

**5/17/37**

7. AGE

YEARS

MONTHS

DAYS

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

**93**

**54**

**0**

**17**

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

OCCUPATION

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

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

**Architect**

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)

**New York**

FATHER

13. NAME **Edward B. Wiser**

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

**New York**

MOTHER

15. MAIDEN NAME **Martha Knoller**

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

**Germany**

17. INFORMANT

**Miss Marion Davis Wiser**

(ADDRESS) **3612 Walnut Street**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Mt. Washington** DATE **May 19** 19**37**

19. UNDERTAKER

**Freeman Mortuary & Chapel**

(ADDRESS) **Kansas City, Missouri**

20. FILED

**May 19, 1937 M. M. Cronin**

Registrar.

Other contributory causes of importance:

**W**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy \_\_\_\_\_

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) \_\_\_\_\_ M. D.

(Address) \_\_\_\_\_

CAUSE OF DEATH IN PHASE (CAUSE), SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

2210

