

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

Do not use this space.

OCT 22 1937

34877

1. PLACE OF DEATH *Newton*  
 County *Newton* Registration District No. *609*  
 Township *Neosho* Primary Registration District No. *4363*  
 City *Neosho* (No. ....) St. .... Ward)

2. FULL NAME *John Thomas Wise*  
 (a) Residence, No. *400 Great ave* St. .... Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred *6* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 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) *Cynthia Wise*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *October 10, 1886*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<i>50</i>	<i>10</i>	<i>27</i>	

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) *Garrett County Arkansas*

13. NAME *John Wise*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown Arkansas*

15. MAIDEN NAME *Bess Rhodes*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown Missouri*

17. INFORMANT *Will Wise*  
 (ADDRESS) *Neosho Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Subs. Cem.* DATE *9-8-1937*

19. UNDERTAKER *Orley Thompson*  
 (ADDRESS) *Neosho Mo.*

20. FILED *9-14-1937* *oralabala*  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-7-1937*

22. I HEREBY CERTIFY, That I attended deceased from *7-2-36*, 19, to *9-6-37*, 19, I last saw him alive on *9-6-37*, 19. Death is said to have occurred on the date stated above, at *4:55A* m. The principal cause of death and related causes of importance were as follows:  
*Pulmonary Tuberculosis* Date of onset *7-2-36*

Other contributory causes of importance: *Unknown*

Name of operation *none* Date of .....

What test confirmed diagnosis? *Chief* 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 *Yes*  
 (Signed) *M. D. Bowman*, M. D.  
 (Address) *Neosho, 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.

