

NOV 16 1937

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

Do not use this space.

37361

1. PLACE OF DEATH

County Wape Registration District No. 130  
Township Wape Primary Registration District No. 5181  
City Wape (No. 1) St. Wape Ward 1

2. FULL NAME

(a) Residence, No. White Water, Mo. (If nonresident, give city or town and State)  
(Usual place of abode)

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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 9 8

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

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) Burfordville Mo.

13. NAME James Wiseman

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

15. MAIDEN NAME Annas Spiva

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

17. INFORMANT Beulah Green (ADDRESS) Widowed Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McLain Cem. DATE Oct. 27 1937

19. UNDERTAKER McCasals, F. M. Co. (ADDRESS) Jackson Mo.

20. FILED Oct. 26 1937 J. M. Dugan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936 to Oct 26 1937

I last saw h. W. alive on August 10, 1937. Death is said to have occurred on the date stated above, at 3 A m.

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

aortic stenosis

Date of onset

Other contributory causes of importance:

Name of operation AAA 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

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) W. W. Davahet D.

(Address) Allenville, Mo.

