

NOV 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township alabama
City alabama (No. _____ St. _____ Ward _____)

Registration District No. 309
Primary Registration District No. 4185

File No. 37635
Registered No. 67

2. FULL NAME

Eveline Blanchard Wisner

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Jacob Wisner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23 - 1961

7. AGE YEARS 75 MONTHS 9 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Fulton, Co (STATE OR COUNTRY) Illinois

13. NAME (Unknown) Blanchard

14. BIRTHPLACE (CITY OR TOWN) Bushnell, Ill. (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

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

17. INFORMANT Joe Wisner (ADDRESS) alabama Mo

18. BURIAL, CREMATION, OR REMOVAL Bushnell Ill DATE Nov 1 1937

19. UNDERTAKER Brook funeral Home (ADDRESS) alabama Mo

20. FILED Oct 30 1937 alabama Mo

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1937

22. I HEREBY CERTIFY, That I attended deceased from June 26 1937 to Oct 30 1937 last saw her alive on Oct 30 1937. Death is said to have occurred on the date stated above, at 2:15 P.M.

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

Cerebral Hemorrhage

Other contributory causes of importance:

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? _____ 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) J. H. Banger, M. D.

(Address) alabama Mo

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

