

NOV 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Talk  
Township Ingraves  
City Salina (No. \_\_\_\_\_)

Registration District No. 701  
Primary Registration District No. 2720

File No. 38528  
Registered No. 58  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Jehan W Tise  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18, 1849  
7. AGE YEARS 88 MONTHS 5 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Dealer  
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.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Dealer  
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) Missouri  
13. NAME Charles Tise  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas  
15. MAIDEN NAME Margaret Klevi  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. R. J. McKeegan  
18. BURIAL, CREMATION, OR REMOVAL Plumait Days DATE Aug. 27, 1937

19. UNDERTAKER (ADDRESS) W. H. White  
20. FILED 8-27-37 J. P. Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1937  
22. I HEREBY CERTIFY That I attended deceased from Aug 1, 1937 to Aug 25, 1937  
I last saw him alive on Aug 20, 1937 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:  
Cerebral apoplexy Date of onset Aug 1

Other contributory causes of importance:  
Cardiovascular renal disease

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? no  
If so, specify \_\_\_\_\_  
(Signed) Doyle McKeegan M. D.  
(Address) Salina 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.

6

1  
2  
2

2  
1

