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DEC 14 1937

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

21

40740

File No. 40740

Registered No. 1297

1. PLACE OF BIRTH

County Buchanan  
Township Washington  
City St. Joseph, Mo.

Registration District No. 8

Primary Registration District No. 1001

301 E. Mo. Ave.

2. FULL NAME

Artis Alvin Wise

(a) Residence, No. 301 E. Mo. Ave., St. St., Ward. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 50 9 27

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. S.W. K. & Co.

10. Date deceased last worked at this occupation (month and year) Nov. 23, 1937 11. Total time (years) spent in this occupation. 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) King City, Mo.

13. NAME J. C. Wise

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

15. MAIDEN NAME Clara Belle Simmons

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

17. INFORMANT (ADDRESS) Mrs. Ora Wise 301 E. Mo. Ave. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Nov. 27, 1937

19. UNDERTAKER (ADDRESS) ELEMAN & SON, INC. 1446 Cathann St. Joseph, Mo.

20. FILED Nov 27, 1937 A. J. Keattlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1937

22. I HEREBY CERTIFY, That I viewed 11-26, 1937, to 19

I last saw h. 11 alive on 11-26, 1937. Death is said to have occurred on the date stated above, at 6:15 A. m.

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

Cerebral apoplexy Date of onset

Other contributory causes of importance: none

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

What test confirmed diagnosis Histology 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? No If so, specify \_\_\_\_\_

(Signed) B. M. Tadlock - Coroner, M. D. (Address) Spring Hill Bldg.

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.

