

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

Do not use this space.

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1. PLACE OF DEATH *Stoddard*
 County *Stoddard* Registration District No. *838*
 Township *Dexter* Primary Registration District No. *4509*
 City *Dexter* (No. _____) St. _____ Ward _____

2. FULL NAME *Shirley May Wiseman 255*
 (a) Residence, No. *Dexter* St. *mo* Ward _____
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married (write the word) baby*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 21 - 1937*

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<i>11</i>	<i>13</i>	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 3 - 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 1 - 1938* to *Feb. 3 1938*

I last saw her alive on *Feb. 3 1938* Death is said to have occurred on the date stated above, at *9 a. m.*

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

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 _____

Bronchial Pneumonia Date of onset _____

Other contributory causes of importance: *measles*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

FATHER 13. NAME *Irvin Wiseman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark.*

MOTHER 15. MAIDEN NAME *Thelma Rogers*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark.*

Name of operation *None* Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT (ADDRESS) *Robt Ward*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Paragould Ark.* DATE *2/4/38*

19. UNDERTAKER (ADDRESS) *Dean Renshaw - Dexter, Mo.*

20. FILED *2-3* 19 *8* *Margaret Dean* Registrar.

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? _____

(Signed) *Dr. J. P. Cannon* M. D.
Dexter, Mo.

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

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FEB 28 1938

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