

REC'D JUN 14 1933

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

Do not use this space.

17843

1. PLACE OF DEATH

County Butler

Registration District No. 1089

Township Shiloh

Primary Registration District No. 5136

City (No.)

File No.

Registered No. 1089

St. Ward

2. FULL NAME

(a) Residence, No. Elmore Mo. St. Rt. Ward. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hester Ann Wise

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 88 12

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 88 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer 10. Date deceased last worked at this occupation (month and year) May 1932 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cane Creek Mo.

MOTHER FATHER 13. NAME John S. Wise

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

15. MAIDEN NAME (?) King

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

17. INFORMANT (ADDRESS) Fred Wise

18. BURIAL, CREMATION, OR REMOVAL PLACE Shiloh Cem. DATE 5/18 1933

19. UNDERTAKER (ADDRESS) FB. Endaley

20. FILED 19 FB. Endaley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1932, to May 16, 1932 to have occurred on the date stated above, at 9:50 m. Death is said to have occurred on the date stated above, at 9:50 m.

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

Arterio Sclerosis Date of onset 1915

Other contributory causes of importance: Advanced age

Name of operation Chloroform Date of Chloroform

What test confirmed diagnosis? Chloroform Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None

Where did injury occur? (Specify city or town, county, and State) None

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Frederick H. Hume M. D. (Address) Shiloh, Mo.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

(a) County Butler Registration District No. 1089
(b) Township Cane Creek Primary Registration District No. 5136
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. James Ruben Wisecarver St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR None - Bought casket from Local merchant

20. FILED May 18, 1938 J. B. Gudaluz Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h... alive on 19... 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:

Bacterial Pneumonia Date of onset

Other contributory causes of importance:

1072

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?

If so, specify

(Signed) J. Lee Hargraves M. D.

(Address) Capital Bluff mo

1938
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