

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

Do not use this space.

410
39784

1. PLACE OF DEATH

County Jasper
Township Lincoln
City Jasper, Mo. Route 1

Registration District No. 410
Primary Registration District No. 5567

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

David D. Wise
(a) Residence. No. 805 S. Main, Carthage, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 24, 1874

7. AGE: YEARS 56 | MONTHS 10 | DAYS 15 | IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Bond County
(STATE OR COUNTRY) Delaware

10. NAME OF FATHER David Wise

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Uniontown
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Uniontown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Uniontown
(STATE OR COUNTRY) Illinois

14. INFORMANT Bessie Wise
(Address) 805 S. Main - Carthage, Mo.

15. FILED 12/15, 1930 E. H. Rehman
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 9, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1930 to Dec. 12, 1930 that I last saw him in situ Dec. 12, 1930 and that death occurred, on the date stated above, at about 1 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Unknown. Probably heart failure from overexertion

CONTRIBUTORY (SECONDARY) Diabetes
(duration) 12 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT IN PLACE OF BIRTH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) Sam Simmons M. D.
12/12, 1930 (Address) Corner, Jasper Co.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Carthage, Mo.
DATE OF BURIAL Dec. 16, 1930

20. UNDERTAKER Snell Mortuary
ADDRESS Carthage, 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.

JAN 20 1931

WHILE PRINTING WITH UNCHANGED MATTER THIS IS A PERMANENT RECORD

DATE

BY

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jasper Registration District No. 410 File No.
 Township Lincoln Primary Registration District No. 35-67 Registered No. 2
 City (No.) St. Ward

2. FULL NAME

David D. Wise
 (a) Residence No. 805 S. Main St. Carthage mo
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 35 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) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24-1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 10 15

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Physician
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Board County
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER David Wise

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Bessie Wise
 (Address) 805 S. Main Carthage mo

15. FILED 1-25-31 D. H. Holmes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9 1930
 17. I HEREBY CERTIFY That I attended deceased from Dec 12 1930, and that I last saw him alive on Dec 12 1930, and that death occurred, on the date stated above, at 1 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Unknown - probably heart failure from over exertion
 (duration) yrs. mos. ds.
 CONTRIBUTORY Diabetes (SECONDARY) (duration) 12 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
12/ (Signed) Levy Simmons M.D.
12, 1930 (Address) Carthage - Jasper Co

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Cremation

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Kansas City mo Dec 16 1930

20. UNDERTAKER ADDRESS
Knell Mortuary Carthage mo.

N. R.—Ever 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. ALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-39784