

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

Do not use this space.

41184

1. PLACE OF DEATH
 87 County Ralls Registration District No. 426
 2 Township _____ Primary Registration District No. 42 3 2
 3 City New London (No. _____) St. _____ Ward _____
 2. FULL NAME Izora Josephine Wise
 (a) Residence, No. _____ St. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 2, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>79</u>	<u>11</u>	<u>03</u>	

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. House wife
 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) Illinois 2

FATHER

13. NAME Do not know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know 31

MOTHER

15. MAIDEN NAME Do not know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Owen J. Biscoe

18. BURIAL, CREMATION, OR REMOVAL PLACE Milton, Ill. DATE Dec., 26, 1932

19. UNDERTAKER (ADDRESS) H. M. Piper
New London, Mo.

20. FILED 12-25, 1932 Sylvester Ragan
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1932, to Dec 25, 1932
 I last saw her alive on Dec 18, 1932 Death is said to have occurred on the date stated above, at 5 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
Hypertension _____
 Other contributory causes of importance: 0
 Name of operation _____ Date of _____
 What test confirmed diagnosis? none 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) H. P. Waters, M. D.
 (Address) New London, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

AN 27 1932

