

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

Do not use this space.

16293

1. PLACE OF DEATH

County Russell
Township Salem
City Senath (No. 7110)

Registration District No. 290
Primary Registration District No. 4174

File No.
Registered No. 38 (Ward)

2. FULL NAME

(a) Residence, No. John Henry Wise St. Ward.

(Usual place of abode)

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 27 1852</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>4</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>X None</u>	<u>100</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>	<u>151E / 10</u>
	10. Date deceased last worked at this occupation (month and year) <u>X</u>	11. Total time (years) spent in this occupation.....

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1934
22. I HEREBY CERTIFY, That I attended deceased from May 22 1934 to May 25 1934
I last saw him alive on May 24 1934 Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

Solar Pneumonia

Date of onset
5-22-34

Other contributory causes of importance:
Fracture of Neck 4 Neck

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Camble, Tenn</u>
	13. NAME <u>Camble Wise</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>
	15. MAIDEN NAME <u>Not Known</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>
	17. INFORMANT (ADDRESS) <u>Hubert D Wise Senath 7110</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Truett Cemetery</u> DATE <u>May 27 1934</u>	
19. UNDERTAKER (ADDRESS) <u>Daniel W. King Service Senath 7110</u>	
20. FILED <u>51</u> 19 <u>34</u> <u>H. W. Spudis</u> Registrar	

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 Dr. W. Spudis, M. D.
(Signed) (Address)

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.

JUN 21 1934

