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

Do not use this space.

59

MAR 27 1935

1. PLACE OF DEATH

County Livingston — Registration District No. 516 — File No. 6004

Township Wheeling — Primary Registration District No. 5682 — Registered No. 2

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary Wisehaupt

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Leonard Wisehaupt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 26, 1844

7. AGE: Years 90 — Months 2 — Days 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Williams Co. Ohio.

FATHER

13. NAME: Jacob Allen

2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Dont Know

31 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): W. S. Wisehaupt

18. BURIAL, CREMATION, OR REMOVAL PLACE: Wheeling Mo DATE: Feb. 4" 35

19. UNDERTAKER (ADDRESS): Frank L. Smiley Wheeling Mo

20. FILED: Feby 4, 1935 W. A. Swope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jany 26, 1935, to Feby 2, 1935. I last saw her alive on Feby 1, 1935. Death is said to have occurred on the date stated above, at 11 30 A.m.

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

Strangulated Ventricul Hernia — Date of onset: Jany 26/35

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Other contributory causes of importance: Age

Name of operation: No — Date of .....

What test confirmed diagnosis? Examination — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No — Date of injury ....., 19....

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury: No

Nature of injury: No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. A. Swope, M. D.

(Address) Wheeling Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible]