

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

Do not use this space.

JUN 23 1936

19764

1. PLACE OF DEATH

County Jasper

Registration District No. 408

Township

Primary Registration District No. 3020

City Carthage (No.)

St. Ward

2. FULL NAME

(a) Residence, No. 1101 Orchard St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
86 3 57

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter
9. Industry or business in which work was done, as silk mill, 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) Shepherd Ohio

13. NAME Peter Aise

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

15. MAIDEN NAME Enrich

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

17. INFORMANT (ADDRESS) Mrs. Charlotte Reisinger 1101 Orchard Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Cemetery DATE May 16, 1936

19. UNDERTAKER (ADDRESS) Knell Mortuary Carthage, Missouri

20. FILED May 16, 1936 E. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1936 to May 14, 1936

I last saw him alive on May 13, 1936. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Senility
930

Other contributory causes of importance: Hypertrophy of prostate

Name of operation none Date of 5
What test confirmed diagnosis? physical 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? Home (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) George H. Wood, M. D.
(Address) Carthage Mo.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

S. No. 2
204-2-19-36
X 7284

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.

MEMORANDUM FOR THE DIRECTOR, FBI

DATE: 10/15/54

TO: SAC, NEW YORK

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]