

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.

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

Do not use this space.

12291

MAY 25 1934

**1. PLACE OF DEATH**

County Cole Registration District No. 213  
 Township \_\_\_\_\_ Primary Registration District No. 3014  
 City Jefferson City (No. 330 E. Miller St) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 111  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. James Wiseman English St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) Marion Mo (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>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Dr. English</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3/7/1874</u>				
7. AGE	YEARS <u>60</u>	MONTHS <u>1</u>	DAYS <u>25</u>	If LESS than 1 day, _____ hr. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stock Buyer</u>			
	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 <u>24</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Mo</u>				
FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT <u>Mr. H. D. Wade</u> (ADDRESS) <u>413 Miller St</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Hope</u> DATE <u>4/4/34</u>				
19. UNDERTAKER <u>Heinrichs Funeral Home</u> (ADDRESS) <u>Jefferson City</u>				
20. FILED <u>4-14-34</u> <u>W. H. Spad</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2-1934

22. I HEREBY CERTIFY, That I attended deceased from I did not attend deceased  
 I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Well dug up Basement steps striking head on concrete floor  
1960  
 Other contributory causes of importance:  
Was in an intoxicated condition, wandered around and did not know basement  
 Name of operation steps removed Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 4-2-1934  
 Where did injury occur Jefferson City Cole Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
In home of Don Cleveland  
 Manner of injury Well dug up basement and steps  
 Nature of injury fractured skull, broken neck

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. R. E. Weaver Owner  
 (Address) Russellville Mo

