B 1607

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

Do not use this space. 8224

File No. 1078

Registered No. 1078

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kan — Primary Registration District No. 3993

City: Kansas City — (No. 2639 Kensington St. Ward)

2. FULL NAME Fred Ellsworth Wheaton

(a) Residence. No. 2639 Kensington 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hilda Wheaton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16, 1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
63	10	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Broom County (Marathon)
(STATE OR COUNTRY) New York

PARENTS
10. NAME OF FATHER Jasper Wheaton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Juliette Stocker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Hilda Wheaton
(Address) 2639 Kensington

15. FILED 3/14 27 M. M. Crane
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 13th 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1926, to Mch 13, 1927, that I last saw him alive on Mch 13, 1927, and that death occurred, on the date stated above, at 8:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93H Acute My ocarditis
11,96 SBB (duration) yrs. 3 mos. 1 ds.

CONTRIBUTORY (SECONDARY) Acute Indigestion
caused by over eating (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Hill W. Barnes, M. D
Mch 13, 1927 (Address) 2400 Paseo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Moriah cem — DATE OF BURIAL: Mar 16 1927

20. UNDERTAKER: A. P. Dochler — ADDRESS: 1415 E 15

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.

THIS IS A PERMANENT RECORD