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

Do not use this space.
18143

JUL 27 1927

1. PLACE OF DEATH
County Jackson
Township ~~Blue~~
City Independence, Mo (No. Tidy Sanitarium St. Ward)
Registration District No. 398
Primary Registration District No. 30419
File No.
Registered No. 158

2. FULL NAME Jesse P. Wheeler
(a) Residence. No. 1812 Overton My Washington, Mo. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 29 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 Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 22, 1847
7. AGE Years 80 Months 3 Days 12 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Custodian or Caretaker
(b) General nature of industry, business, or establishment in which employed (or employer) Masonic Hall.
(c) Name of employer Mount Washington
9. BIRTHPLACE (CITY OR TOWN) Quincy
(STATE OR COUNTRY) Ill.

PARENTS
10. NAME OF FATHER Henry Wheeler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont know
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Elizabeth Pike
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know
(STATE OR COUNTRY) Ill.

14. INFORMANT E. P. Wheeler
(Address) R#1 Kansas City Mo
15. FILED June 7, 1927 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-3 1927
17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 5:30 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Endo Carditis
130
91A
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Nephritis-Acute par enchymatous
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas. E. Nickson, M. D
June 4, 1927 (Address)

*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. Washington, Mo. Cem. DATE OF BURIAL June 6th, 1927.
20. UNDERTAKER C. D. Carson & Son ADDRESS Independence, Mo.

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.