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

Do not use this space. 1512

1. PLACE OF DEATH
County Jasper — Registration District No. 410 — File No.
Township Lincoln — Primary Registration District No. 5568 — Registered No. 28
City (No. St. Ward)

2. FULL NAME Eliza Wheeler
(a) Residence. No. 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: female
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: Henry Wheeler
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 11 - 1851
7. AGE: Years 76 — Months 3 — Days 24 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison Co. Ill.

PARENTS
10. NAME OF FATHER: W. H. Smiley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Mc Kee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

14. INFORMANT: Jess Smiley
(Address): Golden City, Mo R.F.D.
15. FILED 1-5, 1928 D. A. Holmes, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 5 1928
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 A. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: dropped dead thurs. morning 5 a.m. she had gone to kitchen to prepare breakfast (No health officer in Lincoln Township) (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Coroner not necessary. (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED? 204
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. A. Holmes, M.D.
, 19 (Address) Register Jasper Mo

*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: Duderville, Dade Co. Mo.
DATE OF BURIAL: 1-6 1928
20. UNDERTAKER: E. A. Phillips Golden City Mo.
ADDRESS

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.

...PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD