

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

Do not use this space.

2704

FEB 25 1929
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1. PLACE OF BIRTH
 County Newton Registration District No. 611
 Township..... Primary Registration District No. 14365
 City Seneca (No.....) St. Ward)

2. FULL NAME Joel Walton 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Catherine Marie McLaren

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 11-1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>36</u>	<u>2</u>	<u>25</u>	

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 6 1929

17. I HEREBY CERTIFY That I attended deceased from Dec 26, 1928 to Jan 6, 1929 that I last saw him alive on Jan 6, 1929 and that death occurred, on the date stated above, at 4-20 PM

THE CAUSE OF DEATH* was as follows:
Tubercular Pneumonia

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).....
 (c) Name of employer.....

CONTRIBUTORY (SECONDARY) Alcohol
 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Saline Co.
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Granville Wheeler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Fannie Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

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) J. B. Wheeler, M. D.
 (Address) Seneca, Mo.

14. INFORMANT G. P. Wheeler
 (Address) 317 B. S. E. Ce Moins

15. FILED 1/10, 1929
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Seneca Mo DATE OF BURIAL Jan 8 1929

20. UNDERTAKER B. W. Dwyer ADDRESS Seneca 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.

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