

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

Do not use this space.

File No. *11802*
Registered No. *1*
St. *Missouri* Ward)

1. PLACE OF DEATH

County *Pillsbury*

Registration District No. *668*

Township *Sulalla*

Primary Registration District No. *3032*

City *Sulalla*

(No. *Gen Hosp.*)

2. FULL NAME

Dilbert Francis 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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

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

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

About 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

About 56

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

Mo

10. NAME OF FATHER

Benj Wheeler

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind.

12. MAIDEN NAME OF MOTHER

Wheeler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind.

14.

INFORMANT (Address)

*Henry Wheeler
Sulalla Mo*

15.

FILED *3-23-29*

J. L. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Mar 3 1929

17.

I HEREBY CERTIFY That I attended deceased from *Mar 3 1929* to *Mar 3 1929*

that I last saw him alive on *Mar 3 1929*, and that death occurred, on the date stated above, at *Mar 3 1929* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Valvular Heart Disease
Mitral Regurgitation*

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *no*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Geoffrey H. ...* M. D.
Sulalla Ind.

*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

DATE OF BURIAL

Crown Hill

3/5- 1929

20. UNDERTAKER

ADDRESS

Lillespie

Sulalla

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.

