

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

Do not use this space.

24743  
3155

**1. PLACE OF DEATH**

County Jackson  
Township Flaw  
City Kansas City (No. 1306 St. Louis)

Registration District No. 399  
Primary Registration District No. 100%

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Daniel F. Wheeler  
(a) Residence, No. 1306 St. Louis St. 1 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 3, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
64 9 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Leometer  
(b) General nature of industry, business, or establishment in which employed (or employer) Transfer  
(c) Name of employer not employed

9. BIRTHPLACE (CITY OR TOWN) Laredo,  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER James D. Wheeler

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

12. MAIDEN NAME OF MOTHER Louise ? Unknown

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

14. INFORMANT Earl Alvin Wheeler  
(Address) 1306 St. Louis, Mo.

15. FILED 7-20, 1929 M. M. Crowe REGISTRAR  
asst.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
Did not attend, 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on Dying, 19\_\_\_\_, and that  
death occurred, on the date stated above, at 7:15 A.M. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Anemia (History of)  
Perniciosa  
93C  
11B (duration) 4 yrs. ? mos. ? ds.  
CONTRIBUTORY (SECONDARY) Debility, Enfeeblement of  
Heart Cachexia (duration) ? yrs. 0 mos. ? ds.  
Chronic myocarditis

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Inspection physical Exam  
(Signed) Martin V. Halpin, M. D.

7/18, 1929 (Address) 1330 W. 9<sup>th</sup> - K.C., 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 Laredo Mo. DATE OF BURIAL 7-22 1929

20. UNDERTAKER W. Blackman ADDRESS City

WRITE MAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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