30-5-27
54-8-21
59-6

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

Do not use this space.

17006

1. PLACE OF DEATH
County Pike — Registration District No. 689 — File No.
Township — Primary Registration District No. 3033 — Registered No.
City Louisiana (No. 724 Frankford Road St. Ward)

2. FULL NAME Frank Wheeler
(a) Residence. No. 724 Frankford Road St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/21-54

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
75	9	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Common
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co Mo

PARENTS
10. NAME OF FATHER: Wm Wheeler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co. Mo
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT: Ben Wheeler
(Address) Louisiana Mo

15. FILED 5/28, 1930 F C Haley Jr REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/27 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-15, 1930, to 5/27, 1930 that I last saw him alive on 5/27-30, 1930 and that death occurred, on the date stated above, at 7:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tubular Nephritis
130
133 B
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Cystitis
(duration) yrs. mos. ds.

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? Clinical

(Signed) F W Crewdson, M. D.
5/28, 1930 (Address) Louisiana 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: Riverview Louisiana Mo — DATE OF BURIAL: 5/29 1930

20. UNDERTAKER: F C Haley Jr — ADDRESS: Louisiana Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.