

SEP 22 1930

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 85

Do not use this space.

1. PLACE OF DEATH  
 County Buchanan Registration District No. 1001  
 Township Lyons Primary Registration District No. Felix  
 City Lyons (No. 1800) St. Felix Ward

2. FULL NAME Mary Lee Wheeler  
 (a) Residence No. 1800 Felix 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.

File No. 25917  
Registered No. 908  
St.  Ward

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25-1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>67</u>	<u>3</u>	<u>3</u>	<u>10</u>	<u></u>

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

9. BIRTHPLACE (CITY OR TOWN) Brunswick (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Laurel Saulsbury  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dalton (STATE OR COUNTRY) Mo.  
 12. MAIDEN NAME OF MOTHER unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1930 to Aug. 5, 1930 that I last saw her alive on Aug. 5, 1930 and that death occurred, on the date stated above, at 2:40 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage

82A (duration) yrs. mos. 2 ds.  
 CONTRIBUTORY (SECONDARY) 7404 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....  
 WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) J. D. Denton M. D.  
8/7 1930 (Address) M. Joseph - 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.

14. INFORMANT Mrs. Inez Bush  
 (Address) 1830 E. 22nd St  
 15. FILED 7 1930 K. Joseph REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashland Cemetery DATE OF BURIAL 8-7-1930  
 20. UNDERTAKER Ransy Funeral Service ADDRESS 7404 E. 22nd St

M. Joseph

