NOV 21 1930

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

Do not use this space.

32304

1. PLACE OF DEATH

County Carroll — Registration District No. 134 — File No.

Township Rockford — Primary Registration District No. 5187 — Registered No. 21

City ~~Bosworth~~ (No. ..... St. ..... Ward)

2. FULL NAME Jesie Babe 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 White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 22, 1930

7. AGE — YEARS — MONTHS 7 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED Infant 1186 150

(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) Carroll CO.
(STATE OR COUNTRY) MO.

PARENTS

10. NAME OF FATHER E.A. Wheeler

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

12. MAIDEN NAME OF MOTHER Frances Wheeler

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

14. INFORMANT E. A. Wheeler
(Address) Bosworth Mo

15. FILED Nov. 6, 1930 Mrs. Boss Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 24, 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1930, to Oct 24, 1930 that I last saw h.— alive on Oct 24, 1930, and that death occurred, on the date stated above, at 6.00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Marasmus —

Probably Pyloric Stenosis —

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1120

(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?

(Signed) R F Cook, M. D.

Oct 26, 1930 (Address) Carrollton 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 Adkins Cemetery — DATE OF BURIAL 10/25 1930

20. UNDERTAKER Louis Lizard — ADDRESS Bosworth Mo

WRITE PLAINLY, 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.