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.

JUN 25 1931

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

Do not use this space.

17579

File No.

Registered No. 21

1. PLACE OF DEATH

County Dunklin

Township

City Campbell (No. , St. Ward)

Registration District No. 282

Primary Registration District No. 4166

2. FULL NAME Thomas F Wheatley

(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: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 18-1897

7. AGE: YEARS 34 | MONTHS 1 | DAYS 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auto Tire Laborer and common "

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 237

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. 1

FATHER

13. NAME: William Wheatley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Ann Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): John Minton Campbell

18. BURIAL, CREMATION, OR REMOVAL

PLACE Tucker DATE 5/24 1931

19. UNDERTAKER (ADDRESS): E W Handen Campbell

20. FILED 5/23 1931 E W Handen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 23 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 1931, to May 22 1931

I last saw him alive on May 22, 1931. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1928
23A	

Other contributory causes of importance:

23 (1)

Name of operation: none Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W J Rutledge, M. D.

(Address) Campbell, Mo.