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.

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

Do not use this space.

18046

1. PLACE OF DEATH
County Jackson — Registration District No. 329 — File No. 2487
Township Kaw — Primary Registration District No. 1002 — Registered No. 2487
City Kansas City (No. 311 West 13th St. Ward)

2. FULL NAME Roy Edward Wheeler
(a) Residence. No. 311 W 13 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 25 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 Elizabeth Wheeler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 1846

7. AGE: YEARS 54 — MONTHS 6 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

PARENTS
10. NAME OF FATHER Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs Elizabeth Wheeler
(Address) 311 W 13th

15. FILED 5/13, 1931 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1930, to May 11, 1931 that I last saw him alive on May 10, 1931, and that death occurred, on the date stated above, at 8:35 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

80
1363 tabes dorsalis
1354 locomotor ataxia
several (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) paralysis of bladder & urinary infection (duration) yrs. 3 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical & serologic
(Signed) J. J. Wolf M. D.
May 12, 1931 (Address) 620 Argyle Bldg

*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: Mt Moriah — DATE OF BURIAL: May 14 1931

20. UNDERTAKER: R. V. Lindsey & Sons — ADDRESS: City

Dr. I. J. Wolf
Argyle Bldg