

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

Do not use this space.

41705

1. PLACE OF DEATH

County Newton Registration District No. 41474 File No. _____
 Township Granby Primary Registration District No. 5214 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Frances Louise Wheeler
 (a) Residence, No. Grady Mo. Route 2 Ward. _____
 (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 Female
 4. COLOR OF RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5, 1931
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
12

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
 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) Grady Mo. Route 2

FATHER
 13. NAME Reber A. Wheeler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grady Mo.

MOTHER
 15. MAIDEN NAME Mary McCreary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Ed Wheeler

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE Dec 17, 1931

19. UNDERTAKER (ADDRESS) Acting wife of Dr. _____

20. FILED 12-23, 1931 W. F. Collins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1931

22. I HEREBY CERTIFY That I attended deceased from Dec 16, 1931 to Dec 17, 1931

I last saw him alive on Dec 17, 1931 Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Jaundice and stomatitis
1153
1619
12570
 Other contributory causes of importance: _____
 Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? Yes

If so, specify Ed Wheeler M. D.

(Signed) W. F. Collins (Address) _____

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.

