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 23 1932

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

Do not use this space.

16541

1. PLACE OF DEATH

50 County Jefferson Registration District No. 421 File No.

Township Plattin Primary Registration District No. 5576 Registered No. 37

City Plattin, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Walter Willis Wheeler

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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 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~~ Lena E. Wheeler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11-1874

7. AGE YEARS 58 MONTHS 0 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) East St Louis Ill.

FATHER

13. NAME C. S. Wheeler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odgensburg N.Y.

MOTHER

15. MAIDEN NAME Ella A Wheeler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odgensburg N.Y.

17. INFORMANT (ADDRESS) Lena E. Wheeler Plattin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Family Cemetery DATE 5/31, 1932

19. UNDERTAKER (ADDRESS) Fink Fund Co Festus Mo.

20. FILED 5/29, 1932 J. E. Rutledge M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Verdict of jury natural death

200A 200A

Date of onset

Other contributory causes of importance:

7

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? .....

If so, specify .....

(Signed) T. C. Hasse Justice of the Peace M. D.

(Address) Desoto Mo. R.1 Box 34