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.

18426

1. PLACE OF DEATH

County Stoddard, Registration District No. 839

Township Richland, Primary Registration District No. 6101.

City ..... No. ....., ..... St. ..... Ward)

File No. .....

Registered No. 11.

2. FULL NAME Dorothy May 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 F.

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2-32

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

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 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gray ridge, Mo.

FATHER

13. NAME Ernest Wheeler.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dale, Ill. 2

MOTHER

15. MAIDEN NAME Violet Brinson.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntersville, Mo. 1

17. INFORMANT (ADDRESS) W. Brinson, Condon, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Taylor Cem, DATE 5-3-, 1932

19. UNDERTAKER (ADDRESS) None.

20. FILED 5-3, 1932 Dr. J. P. Brandon Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Had no Physician, 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 P. m.

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

Do not know had no Dr.

Date of onset

Other contributory causes of importance: ✓

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) J. P. Brandon, M. D.

(Address) Essex, Mo.