

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

Do not use this space.

23308

File No. _____
Registered No. **62**
St. **1st** Ward

1. PLACE OF DEATH
58 County Linn Registration District No. 496
Township Brookfield Primary Registration District No. 3025
7 City Brookfield (No. 103 & Park)
2. FULL NAME Martha Susan Wheeler
(a) Residence, No. 1036 Park St. 1st 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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M **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) Oct 3 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 17
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) Ducklin Mo
13. NAME R. J. Wheeler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson
15. MAIDEN NAME Martha Inga Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ducklin Mo
17. INFORMANT (ADDRESS) R. J. Wheeler Brookfield Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ducklin DATE 7-22-1932
19. UNDERTAKER (ADDRESS) Home I Bowdoin
20. FILED 7-21-1932 6 E Jenkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1932
22. I HEREBY CERTIFY, That I attended deceased from July 19 1932 to July 20 1932
I last saw him alive on July 19 1932 Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:
Heat Exhaustion Date of onset _____
Dist
191
Other contributory causes of importance: Chronic Valvular Heart Disease
9 Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? _____
If so, specify _____
(Signed) G. D. Stedley, M. D.
(Address) Brookfield Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PH. No. should be stated. Cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE 35 1932

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