

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

Do not use this space.

27136

1. PLACE OF DEATH

93

County St. Louis
Township Oceola
City..... (No..... St..... Ward)

Registration District No. 765
Primary Registration District No. 6266

File No.....
Registered No. 140

2. FULL NAME

Bettie June Wheeler

(a) Residence, No..... St..... 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 Female 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) June 21-1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 2

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
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) St. Louis

MOTHER FATHER
13. NAME John Wesley Wheeler

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

15. MAIDEN NAME Wava Zussow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vesta Mo

17. INFORMANT (ADDRESS) Vesta mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial at Vesta Mo DATE Aug 24 1932

19. UNDERTAKER (ADDRESS) none

20. FILED 8/29 1932 Ruth Seuser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1932 to Aug 24 1932

I last saw him alive on Aug 23 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:

Inflammation
158 158
Other contributory causes of importance:
(D)

Name of operation..... X Date of..... X
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?..... X Date of injury..... X 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..... X
Nature of injury..... X

24. Was disease or injury in any way related to occupation of deceased?..... no
If so, specify

(Signed) F. M. Sullivan, M. D.
(Address) Oceola Mo

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.

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