

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

Do not use this space.

36144

1. PLACE OF DEATH

County Jasper
Township _____
City Webb City (No. _____)

Registration District No. 417
Primary Registration District No. 3021

File No. _____
Registered No. 100
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Acil N. Wheeler St. _____ Ward _____
(Usual place of abode) 614 N. Main

(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Nettie Wheeler</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 16, 1858</u>				
7. AGE YEARS <u>74</u>	MONTHS <u>6</u>	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	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	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buffalo Mo</u>
	13. NAME <u>Thomas Wheeler</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knoxville Tenn</u>
	15. MAIDEN NAME <u>Mary Ward</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Charlottaville N. C.</u>
	17. INFORMANT (ADDRESS) <u>Wm. M. Wheeler Webb City Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gark Memorial</u> DATE <u>Nov. 26 1932</u>	
19. UNDERTAKER (ADDRESS) <u>Steele Und. Co Webb City Mo</u>	
20. FILED <u>11/26 1932</u> <u>R. H. Starnout</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

1

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

22. I HEREBY CERTIFY, That I attended deceased from 11-22 1932 to 11-24 1932
I last saw him alive on 11-24 1932 Death is said to have occurred on the date stated above, at 2:15 A. M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 11-22-32
82A
82A
Other contributory causes of importance:

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 1
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. L. Long, M. D.
(Address) Webb City, 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.

Jan 9 1933

