MAY 22 1933

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

Do not use this space.

12609

1. PLACE OF DEATH

17 County Carroll — Registration District No. 135 — File No.

3 Township Carrollton — Primary Registration District No. 3010 — Registered No. 34

4 City Carrollton (No. ..... St. ..... Ward)

2. FULL NAME Wilhelmine Burgman 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 7 — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-3-1912

7. AGE — YEARS 21 — MONTHS 2 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Carroll Co. Mo.

FATHER

13. NAME Wm Burgman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo

MOTHER

15. MAIDEN NAME Emma Raasch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis

17. INFORMANT (ADDRESS) Joseph Wheeler Carrollton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Adkins Cem DATE Apr. 18 1933

19. UNDERTAKER (ADDRESS) L Landes Carrollton Mo

20. FILED 4-18, 1933 Mrs. E. E. Fuenhame
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16-, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr-12, 1933, to Apr 16, 1933

I last saw her alive on Apr 16, 1933. Death is said to have occurred on the date stated above, at 11:30 A.m.

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

	Date of onset
Meningitis from Mastoid infection	
88	
88	

Other contributory causes of importance:

Name of operation Mastoid Estomy Date of Apr 12 33

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) R. M. Dunn, M. D.

(Address) Carrollton Mo

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.