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.

JUL 20 1933

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

Do not use this space.

File No. 19044

Registered No. 102

1. PLACE OF DEATH

12 County Butler — Registration District No. 89

Township Poplar Bluff — Primary Registration District No. 5131

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Noma Jewel Wheelis

(a) Residence, No. 15 Nif S. Poplar Bluff Mo 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: 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): Oct 28 - 1931

7. AGE: YEARS 1 — MONTHS 7 — DAYS 23 — If LESS than 1 day, ... 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: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poplar Bluff Mo

FATHER

13. NAME: Everett Wheelis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Johnson Co Ill

MOTHER

15. MAIDEN NAME: Martha Gunter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Everett Wheelis Poplar Bluff Mo Gen Del

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cochran Cem DATE: June 22 1933

19. UNDERTAKER (ADDRESS): N. T. Phelps Poplar Bluff Mo

20. FILED: June 21 1933 B. J. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1933, to June 20, 1933

I last saw her alive on June 18, 1933. Death is said to have occurred on the date stated above, at 1:10 p.m.

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

Enteroscolitis

Date of onset

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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 ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ✓

(Signed) W. S. Bailey, M. D.

(Address) Poplar Bluff Mo.