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

Do not use this space.
28870

1. PLACE OF DEATH
County Buchaan — Registration District No. 86
Township Wayne — Primary Registration District No. 528 — File No.
City ~~De Kalb~~ (No. Route #7 St. Ward) — Registered No. 57

2. FULL NAME Willard LeRoy Wheeler
(a) Residence, No. Route # 7 St., Ward.
(Usual place of abode) (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: Male
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) March 11, 1914

7. AGE: Years 19 — Months 5 — Days 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Valley Falls
(STATE OR COUNTRY) Kansas

FATHER
13. NAME Albis Wheeler
14. BIRTHPLACE (CITY OR TOWN) Halls Station
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Rose Jenkins
16. BIRTHPLACE (CITY OR TOWN) DeKalb
(STATE OR COUNTRY) Missouri

17. INFORMANT Vila Lower
(ADDRESS) 6430 So. 3rd. St. St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel DATE Sept. 9, 1933

19. UNDERTAKER Fred D. Clark
(ADDRESS) 5025 King Hill Ave. St. Joseph Mo.

20. FILED Sept 9, 1933 J. B. Zumbach
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1933, to Sept 7, 1933
I last saw him alive on Sept 3, 1933. Death is said to have occurred on the date stated above, at 10:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
23A	

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) O. B. McCabe, M. D.
(Address) DeKalb 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 20 1933