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.

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

Do not use this space.

30899

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No.
Township Central — Primary Registration District No. 6248 H. — Registered No. 198
City Richmond Hgts. (No. St. Mary's Hosp. St. Ward)

2. FULL NAME Martha A. Wheaton
(a) Residence, No. 7255 Gayola St., Ward. Maplewood Mo.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harry Wheaton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April, 5, 1854
7. AGE: YEARS 79 — MONTHS 5 — DAYS 18 — 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:

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maine

FATHER
13. NAME: J. Boobar
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maine

MOTHER
15. MAIDEN NAME: Unknown
2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maine

17. INFORMANT (ADDRESS): Mr. Carl C. Wheaton 7255 Gayola
18. BURIAL, CREMATION, OR REMOVAL, PLACE: Elk River, Minn. DATE: Sept 24, 1933
19. UNDERTAKER (ADDRESS): Croghan Und. Co inc 7146 Manchester Ave.
20. FILED 9/23, 1933 Gertrude Porter, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 23, 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933, to Sept 23, 1933
I last saw her alive on Sept 23, 1933 Death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	9-22-33
93C	
111B	

Other contributory causes of importance:
Chronic Myocarditis — years ago

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: no
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) Vincent Townsend, M. D.
(Address) 3101a Sutton Ave Maplewood Mo