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.

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

Do not use this space.

36742

1. PLACE OF DEATH
County Jackson Registration District No. 38
Township Kaw Primary Registration District No. 4662
City K.C. mo (No. 4329 Cypress St. Ward)

File No.
Registered No. 4665

2. FULL NAME Peggy May Wheeldon
(a) Residence, No. 4329 Cypress 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 Fe
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 18 — 33
7. AGE YEARS MONTHS 1 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) K.C. mo

FATHER
13. NAME Herbert C. Wheeldon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

MOTHER
15. MAIDEN NAME Georgie Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) Herbert C. Wheeldon
18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hill DATE Nov 27 1933 4 pm
19. UNDERTAKER (ADDRESS) Quick & Tobin
20. FILED Nov 27, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1933 to Nov 24, 1933
I last saw her alive on Nov. 24, 1933. Death is said to have occurred on the date stated above, at 10.50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	Nov 20
15 B	

Other contributory causes of importance:

Name of operation Date of
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) Bill M Bains, M. D.
(Address) 2400 Cypress