

MARGIN RESERVED FOR BINDING

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.

JAN 26 1934

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

Do not use this space.

85

39275

1. PLACE OF DEATH

County Buchanan

Registration District No.

1001

File No.

Township

Primary Registration District No.

Registered No.

City St. Joseph,

(No. 3809 St. Joseph Avenue,

St. Ward)

2. FULL NAME

James B. Wheeler,

(a) Residence, No.

3809 St. Joseph Ave.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 63 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)

Married,

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

Alice V. Wheeler,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

67

6

15

OCCUPATION

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

Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Elevator Co.

10. Date deceased last worked at this occupation (month and year) December 1922

11. Total time (years) spent in this occupation. 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown West Virginia,

13. NAME

William R. Wheeler,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown West Virginia,

15. MAIDEN NAME

Mary Rayburn,

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

Unknown West Virginia,

17. INFORMANT (ADDRESS)

Mrs. J. B. Wheeler 3809 St. Joseph Avenue,

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Jo Mem. Park DATE Jan 2nd, 34

19. UNDERTAKER (ADDRESS)

Wheaton-Bigale-Bowman 319 S. 10th St. General Home

20. FILED

1-2-34

John R. Linder Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1933

22. I HEREBY CERTIFY That I attended deceased from July 18, 1933, to Dec 30, 1933

Last seen alive on Dec 30, 1933. Death is said to have occurred on the date stated above, at 1:20 pm.

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

Cerebral Thrombosis
Mental aphasia & hemiplegia - right
Cerebral degeneration hemiplegia - left
Other contributory causes of importance:

Pulmonary edema

Name of operation none 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: 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 None

Nature of injury

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

(Signed) J. P. Lenox, M. D. (Address) Rock Island Bldg St. Joseph, Mo

Date of onset 7-18-33

DATE TO

DATE TO