

1 MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

17 County Carroll  
Township Engene  
City Franklin D Wheeler (No. .... St. .... Ward)

Registration District No. 135  
Primary Registration District No. 5201

File No. 4218  
Registered No. 28

2. FULL NAME

Franklin D Wheeler

(a) Residence, No. .... St. .... Ward.

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-16-1933</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>2</u>	<u>4</u>
IF LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>X</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>X</u>
	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) Carroll Co Mo

13. NAME Ed Wheeler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo

15. MAIDEN NAME Francis Wheeler

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

17. INFORMANT (ADDRESS) Ed Wheeler

18. BURIAL, CREMATION OR REMOVAL PLACE Admission DATE 2/21/34

19. UNDERTAKER (ADDRESS) Willis Funeral Home

20. FILED 2-21 1934 Ruth Askew Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-11 1934 to 2-18 1934  
I last saw him alive on 2-18 1934. Death is said to have occurred on the date stated above, at 5 P.M.

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

118  
Influenza  
Other contributory causes of importance:  
118

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) R. C. Cole, M. D.  
(Address) Nailorue 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 IN PLAIN; WITH UNFADING INK; THIS IS A PERMANENT RECORD

