MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County Clark — Registration District No. 190
Township Jackson — Primary Registration District No. 5264
City Williamstown (No. ..., ... St. ..... Ward)

File No. 4296
Registered No. 9

2. FULL NAME Martha Louise Wheeler

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 9. 1933

7. AGE — YEARS: — MONTHS: 4 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. —
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): Clark County

FATHER
13. NAME: Joseph M. Wheeler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clark Co. Mo

MOTHER
15. MAIDEN NAME: Mary Louise King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clark Co Mo

17. INFORMANT (ADDRESS): Mr Joseph M. Wheeler Father, Williamstown, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Patrick, Mo. DATE Feb. 6 1934

19. UNDERTAKER (ADDRESS): F. D. Kelly Canton, Mo.

20. FILED 9/10 1934 J. R. Budget Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1934, to Feb 5, 1934
I last saw her alive on Feb 5, 1934. Death is said to have occurred on the date stated above, at 12:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Membranous laryngitis	Feb 5
11A	
105A	

Other contributory causes of importance:

Influenza	Feb. 3

Name of operation ..... Date of .....
What test confirmed diagnosis? symptoms 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) [signature] M.D.
(Address) Canton, 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

#2 Clark.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS 4296

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Martha Louise Wheeler

Who died at _____ on Feb - 5 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, ~~married, widowed or divorced:~~ _____

Date of birth _____ Age: Years _____ Months 4 Days 26

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Membranous Laryngitis
Diphtheria bacilli Not found no.

Other contributory causes of importance Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

(Signature of Registrar J. R. Bridges) Date filed Sep. 19-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 190

Primary Reg. Dist. No. 5274

Very truly yours,

E. T. McGaugh. M.D.
K.

Special Agent.

S-4296