

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia (No. 101)

St. Mo

13778

File No. 117

Registered No. 668

St. Mo Ward 117

2. FULL NAME Matilda Wheeler

(a) Residence, No. Sedalia Mo

St. Mo

Ward 117

(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 F

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1833

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

101

3

2

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

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

Lynchburg Va

MOTHER FATHER

13. NAME don't no

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

don't no

15. MAIDEN NAME don't no

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

don't no

17. INFORMANT (ADDRESS)

Jessie Wheeler

18. BURIAL, CREMATION, OR REMOVAL

PLACE Beaman

DATE April 8 1934

19. UNDERTAKER (ADDRESS)

F. B. Ferguson

20. FILED 4-7-

1934

Jean Slack

Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-5-1934 to 4-5-1934

I last saw h.s. alive on 4-5-1934 Death is said

to have occurred on the date stated above, at 3:30 m.

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

131

Date of onset

Angina Pectoris
myocarditis

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation

Date of

What test confirmed diagnosis Clinical 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?

If so, specify

(Signed)

A. R. Maddox

M. D.

(Address) 116 1/2 W. Main

