

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

Do not use this space.

1. PLACE OF DEATH

County Jettie
Township La Monte
City La Monte (No. 1)

Registration District No. 667
Primary Registration District No. 5488

File No. 25844
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 50 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Erma Slumming
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-1-1875
7. AGE YEARS 83 MONTHS 1 DAYS 2 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 820
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 114
10. Date deceased last worked at this occupation (month and year) 162
11. Total time (years) spent in this occupation

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

13. NAME John Wheeler

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

15. MAIDEN NAME Susan Knight

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

17. INFORMANT Mrs. R. A. Wheeler
(ADDRESS) La Monte Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE La Monte DATE 7-3 1934

19. UNDERTAKER B. J. Vance
(ADDRESS) La Monte Mo

20. FILED 7-3 1934 B. J. Vance
Registrar

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7 1934 to July 3 1934
last saw him alive on July 3 1934 Death is said to have occurred on the date stated above, at 11 A. m.

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

I suppose a V. caused
breaking down of brain
cells many years ago
you want to call it brain
cause years ago called softening
Other contributory causes of importance: 7 brain &
fat involved caused
paralysis of respiration

Name of operation None Date of None

What test confirmed diagnosis Brain Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

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

If so, specify no

(Signed) W. E. Malver M. D.
(Address) La Monte 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.

JUL 13 1934

