

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

Do not use this space.

SEP 20 1934

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 277
(No. St. Josephs' Hospital)

File No. 29260
Registered No. 3677
St. _____ Ward _____

2. FULL NAME Robert B Wheeler Sr.

(a) Residence, No. 3920 Wayne St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Mary Wheeler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24 1889</u>		
7. AGE	YEARS	MONTHS
	<u>44</u>	<u>7</u>
		<u>13</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>Mechanic</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Reid-Warner Motor</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) Iowa

13. NAME Perry Wheeler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Martha Sheehey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Mrs. Mary Wheeler
(ADDRESS) 3920 Wayne

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys Cem DATE Aug 10/34

19. UNDERTAKER Quirk & Tobin Co.
(ADDRESS) 20 West Linwood

20. FILED 8. 8. 34 M. M. Crowe
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/7 1934

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 1934
I last saw alive on 8-7-34 1934 Death is said to have occurred on the date stated above, at 6:07 m.

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

Extensin 3rd Degree
Burns involving chest
left arm and left side
of head 2 1/2 in.

Other contributory causes of importance:
Toxemia from necrotic
burned tissue
Fracture of left Humerus

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

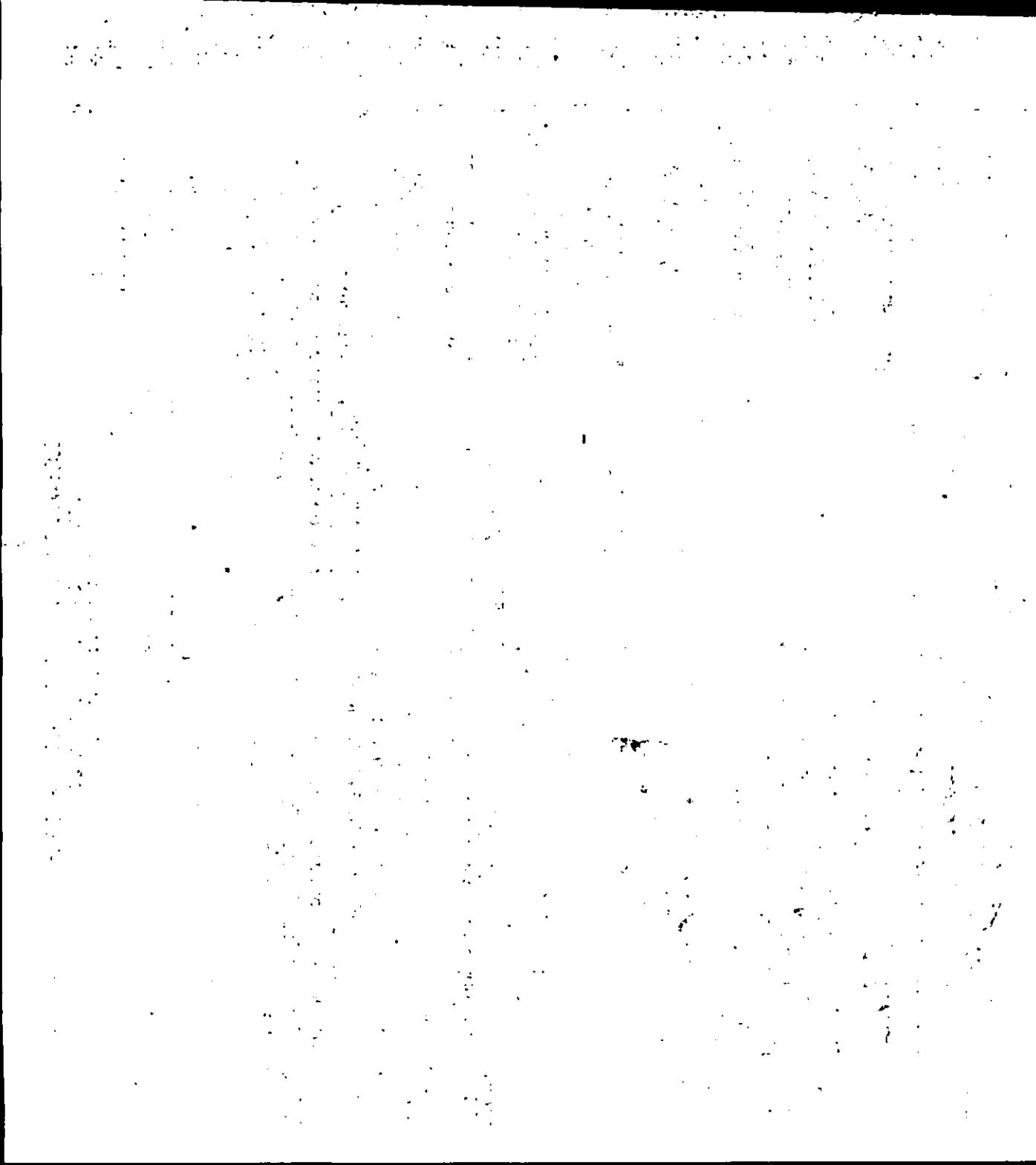
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide _____ Date of injury 7-28, 1934
Where did injury occur? Highway near Marysville
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Automobile wreck
Nature of injury burn + fracture

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Deputy Coroner M. D.
(Address) _____

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.

RECORD WITH UNWADING INK—THIS IS A PERMANENT RECORD



Kansas City

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: Robert B Wheeler Sr.

Who died at _____ on Aug 7 - 1934

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

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

Sex m Color or race w Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 44 Months 7 Days 13

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.

Extensive 3rd Degree burns, involving chest
Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) left arm and left side

Birthplace of father (State or country) of head

Birthplace of mother (State or country) of Indiana from

Principal cause of death: respirator burned tissue
fracture of humerus

Other contributory causes of importance (over)

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 Dr. E. J. Johnson

Address of physician St. Joseph Hosp

Signature of Registrar M. M. Corne

Signature of Registrar _____ Date Filed 8/13/34

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. _____ Very truly yours,

Primary Reg. Dist. No. _____ E. J. Mc Gaugh M.D.

Special Agent. 90

over,

09866

It was in auto accident -
Car hit bridge railing, turned over
caught fire. It was knocked unconscious
and badly burned before being removed
from the wreck. Accident occurred
on highway near Maryville Mo. Notaway

E. Johnson M.D.
Dept. Coronas