

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

Do not use this space.

1211

FEB 19 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Townshp. Tow Primary Registration District No. 1002
 City Kan City (No. 1117) Pattimore St. _____ Ward _____

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

2. FULL NAME

(a) Residence, No. 719 - Kensington Ward. _____
 (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 <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>Lucy Wheeler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 22 - 1877</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>-</u>
	DAYS <u>16</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>City Employee</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>street kept</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) <u>Kansas</u>		
MOTHER FATHER	13. NAME <u>Joseph Wheeler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Centron</u>	
	15. MAIDEN NAME <u>Mary Jane Steele</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>	
17. INFORMANT (ADDRESS) <u>Mrs Lucy Wheeler</u> <u>719 - Kensington Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edwards</u> DATE <u>Jan 9 35</u>		
19. UNDERTAKER (ADDRESS) <u>H. C. Bergman</u>		
20. FILED <u>Jan 7 35</u> <u>M. M. Brown</u> <u>Asst-Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1935

22. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____.
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:12 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocardial Infarction
 Other contributory causes of importance:
no
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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 _____, 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) [Signature], M. D.
 (Address) [Signature]

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 SHADING THREE--THIS IS A PERMANENT RECORD

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