

APR 22 1935

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

Do not use this space.

2047-1

1. PLACE OF DEATH

County MariesRegistration District No. 1022Township Dry CreekPrimary Registration District No. 5722

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME Mary Helen Wheeler

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. X mos. 14 ds. How long in U. S., if of foreign birth? X yrs. X mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Wesley Wheeler6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>X</u> hrs. or <u>X</u> min.
	<u>76</u>	<u>2</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Housekeeper9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home10. Date deceased last worked at this occupation (month and year) Feb. 1935 11. Total time (years) spent in this occupation 4812. BIRTHPLACE (CITY OR TOWN) Coffee County
(STATE OR COUNTRY) Tenn.13. NAME William Kennedy Martin14. BIRTHPLACE (CITY OR TOWN) Coffee County
(STATE OR COUNTRY) Tenn.15. MAIDEN NAME -----Pinkston16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Tenn.17. INFORMANT Andrew Kennedy Wheeler
(ADDRESS) West Franklin, Ill

18. BURIAL, CREMATION, OR REMOVAL

PLACE Farmer DATE _____ 19____19. UNDERTAKER Carl Birmingham
(ADDRESS) _____20. FILED 3-12-1935 J. W. Pinker
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 193522. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1935, to March 6, 1935I last saw her alive on March 6, 1935 Death is saidto have occurred on the date stated above, at 4 a.m.

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

Bronchial pneumonia Date of onset 2-20-35

Other contributory causes of importance:

Name of operation X Date of XWhat test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19XWhere did injury occur? X

(Specify city or town, county, and State)

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

Manner of injury XNature of injury X24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Rowley G. Gable, M.D.(Address) Brinktown, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

