

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

Do not use this space.

MAR 20 1935

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, Mo. (No. 2015 Main)

Registration District No. 85
Primary Registration District No. 1001

File No. 4415
Registered No. 182
St. _____ Ward _____

2. FULL NAME John W. Wheaton

(a) Residence, No. 2015 Main St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 26 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 <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>Jennie Wheaton</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 10, 1904</u>				
7. AGE	YEARS <u>30</u>	MONTHS <u>3</u>	DAYS <u>19</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation <u>26</u> yrs.
	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) <u>1935, 1935</u>		

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

13. NAME John W. Wheaton

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs Jennie Wheaton 2015 main

18. BURIAL, CREMATION, OR REMOVAL PLACE Memo. Park DATE Feb 9 1935

19. UNDERTAKER (ADDRESS) Wheaton Undertaking Co 319 so 10

20. FILED 2-9-1935 John R. Benda Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1935 to Feb 8 1935
I last saw him alive on Feb 8 1935. Death is said to have occurred on the date stated above, at 4415 Main.
The principal cause of death and related causes of importance were as follows:
Date of onset

Chronic Myocarditis

Other contributory causes of importance: 93

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? No
If so, specify _____
(Signed) W. H. Brown, M. D.
(Address) 722 Logan Bldg

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.

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