

26 1935

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

Do not use this space.

20633

1. PLACE OF DEATH

County Pettis
Township Green Ridge
City Windsor (No. 1)

Registration District No. 664
Primary Registration District No. 3882

File No.
Registered No. 7
St. Ward)

2. FULL NAME

Russell Ward Wheeler

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

Length of residence in city or town where death occurred yrs. 7 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>Alpha Wheeler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-8-1896</u>		
7. AGE <u>39</u>	YEARS <u>4</u>	MONTHS <u>24</u>
If LESS than 1 day, 7 hrs. or 25 min.		

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

12. BIRTHPLACE (CITY OR TOWN) Hughesville
(STATE OR COUNTRY) Mo.

FATHER

13. NAME P. L. Wheeler

14. BIRTHPLACE (CITY OR TOWN) Sweet Springs
(STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Jennie Welch

16. BIRTHPLACE (CITY OR TOWN) Pettis Co.
(STATE OR COUNTRY) Mo.

17. INFORMANT Alpha Wheeler
(ADDRESS) R. R. #1 Windsor Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Knobnoster Mo. DATE 6-2 1935

19. UNDERTAKER Fred Wilkinson
(ADDRESS) Clinton Mo.

20. FILED June 4 1935 Cliff R. Shelby
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10 1935 to May 30 1935.
I last saw him alive on May 30 1935. Death is said to have occurred on the date stated above, at 7:25 a.m.
The principal cause of death and related causes of importance were as follows:

Myocardial

Date of onset May 18-35

Other contributory causes of importance:
Valvular Heart Disease 1-6-31

Name of operation Date of
What test confirmed diagnosis? clinical 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) J. A. Blighmore M. D.
(Address) Windsor Mo.

