

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

OCT 28 1935

30334

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Seelye

Primary Registration District No. 3032

City Seelye

File No. 288289

Registered No. 668

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1431 S. Oak St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 8 - 1935</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>5</u>
		If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1935

22. I HEREBY CERTIFY That I attended deceased from Sept 8 1935, to Sept 13 1935.

I last saw him alive on Sept 13 1935. Death is said to have occurred on the date stated above, at 10 m.

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

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seelye Mo.</u>	
FATHER	13. NAME <u>Earl E. Wheeler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Henderson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>	
	17. INFORMANT <u>E. E. Wheeler</u> (ADDRESS) <u>Seelye</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Embogeter</u> DATE <u>Sept 15</u> 19 <u>35</u>	
	19. UNDERTAKER <u>M. S. Langlin Bros</u> (ADDRESS) <u>Seelye</u>	
	20. FILED <u>Sept 14</u> 19 <u>35</u> <u>Frank Slack</u> Registrar.	

Acute Colitis
accompanied by Coma
1196

Other contributory causes of importance:
Albumin in mother
caused enteric colitis in
child.

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. exam 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. S. Henderson M. D.
(Address) Seelye Mo.

1949

1