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.

NOV 21 1935

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 800 — File No. 32783
Township Kan — Primary Registration District No. 800 — Registered No. [illegible]
City Kansas City (No. Muehlebach Hotel St. [illegible] Ward)

2. FULL NAME Mary Sluss Wheeler
(a) Residence, No. Wichita, Kas 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF H. V. Wheeler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28th 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
35	60	8	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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

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

FATHER
13. NAME Henry C. Sluss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Alice Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Winston Wheeler Wichita, Kas.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wichita, Kas DATE 10/16/ 1935

19. UNDERTAKER (ADDRESS) Freeman Mortuary 42 nd + Baltimore

20. FILED 10-17 1935 M. M. Crowe, cont
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 to Oct 19, 19
I last saw h live on 2 oct 19 Death is said to have occurred on the date stated above, at 2 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pulmonary edema	
Acute Gastral edema	
(Cause unchanged)	

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]