

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

Do not use this space.

36320

553

1. PLACE OF DEATH DEC 26 1935

County Jackson

Registration District No. _____

Township Kaw

Primary Registration District No. _____

City Kansas City (No. 1709 6 9th)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Janette Wheeler

(a) Residence, No. 1709 6 9th 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>66</u>	<u>6</u>	<u>24</u>	

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) Columbia (STATE OR COUNTRY) Missouri

13. NAME Alfred Kelley

14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) _____

15. MAIDEN NAME Mary Green

16. BIRTHPLACE (CITY OR TOWN) Boonville (STATE OR COUNTRY) Mo.

17. INFORMANT Narcissus Kelley (ADDRESS) 158 4th Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL Highland PLACE _____ DATE 11/30 1935

19. UNDERTAKER W. Atkins Bros. (ADDRESS) 1729 Lydia

20. FILED 11-30 1935 M. M. Chan, Dist Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-23-35 to 11-25-35

I last saw him _____ alive on _____ 19____ Death is said to have occurred on the date stated above, at 8:15 P. m.

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

Heart Regurgitation
Date of onset _____

Other contributory causes of importance: 920

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy _____

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) J. W. Turner M. D.
(Address) 1612 6 12

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.

WHITE PERMIT, WITH UNFOLDING INK—THIS IS A PERMANENT RECORD

