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

JAN 23 1936

Do not use this space.

1276

1. PLACE OF DEATH
County: Jackson
Township: Kansas
City: Kansas City (No. 4520 Montgall St. Ward)
Registration District No.: 399
Primary Registration District No.: 1002
File No.:
Registered No.: 199

2. FULL NAME: Mr. William H. Wheat.
(a) Residence, No. 4520 Montgall St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~ Mrs. Minnie B. Wheat

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1863

7. AGE: YEARS 72 | MONTHS 5 | DAYS 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dentist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 4520 MONTGALL
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): Bunnerville Ill.

FATHER
13. NAME: THOMAS WHEAT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NOTTS ENGLAND

MOTHER
15. MAIDEN NAME: JANE ASHLING
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT: Mrs. Minnie B. Wheat
(ADDRESS) 4520 Montgall

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE JANUARY 9, 1936

19. UNDERTAKER: W. W. Newcomer's Sons
(ADDRESS) 2111 East 9th St.

20. FILED Jan 9, 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1935, to Jan. 6, 1936, 1936
I last saw h... alive on Jan 6, 1936. Death is said to have occurred on the date stated above, at 11:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	?
Chronic Interstitial Nephritis with Uremia Suppression.	
Other contributory causes of importance: Chronic Myocarditis -	?

Name of operation: None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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: None
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify. No
(Signed) H. T. Pillsbury M.D.
(Address) 3447 Prospect.

N.B.—Everything of importance should be carefully supplied. Blanks should be filled in. Avoid abbreviations. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.