

JUL 25 1936

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

Do not use this space.

23702

1. PLACE OF DEATH

County Monroe
Township Neesh
City (No. _____) _____ St. _____ Ward _____

Registration District No. 609
Primary Registration District No. 5802

File No. _____
Registered No. 80

2. FULL NAME

Rosella Wheat

(a) Residence, No. CR1 Neesh Dr Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 4 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Indiana

FATHER 13. NAME Jack Pembert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT E. M. Lane (ADDRESS) Neesh, Mrs. CR1

18. BURIAL, CREMATION, OR REMOVAL PLACE Neesh Cemetery DATE 6-21-36

19. UNDERTAKER Hoods (ADDRESS) Miami, Okla

20. FILED 6-19 1936 Orval A. Dale, M.D. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to June 19, 1936
I last saw her alive on June 15, 1936. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

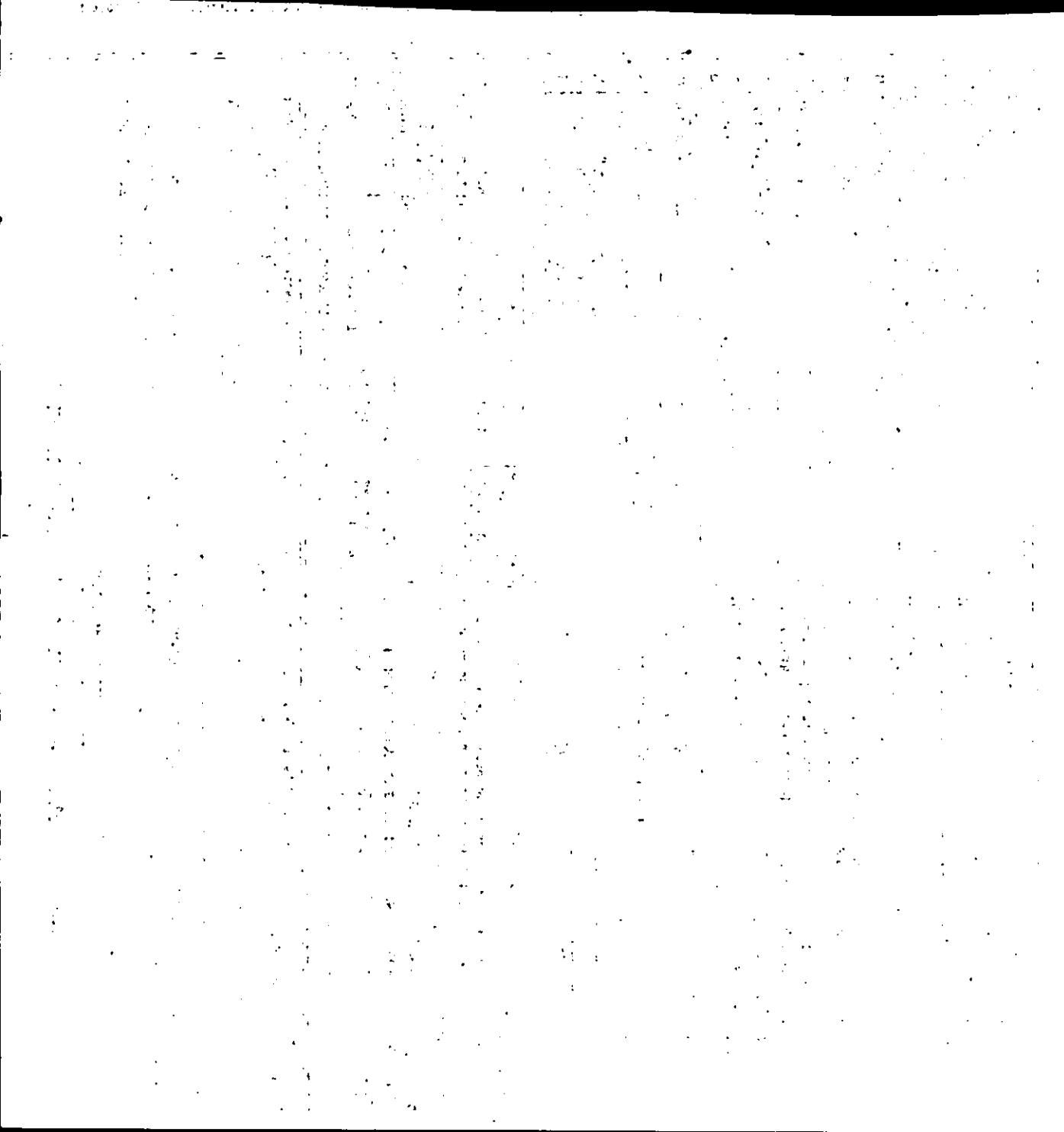
Pneumonia-left side Date of onset _____
Senility
Other contributory causes of importance: Senility

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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) Orval A. Dale, M. D.
(Address) Neesh, Mrs.



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Do not use this space.

1. PLACE OF DEATH

County Newton
Township Leashe
City..... (No..... St..... Ward)

Registration District No. 609
Primary Registration District No. 5808

File No.....
Registered No.....

2. FULL NAME Rosella Wheat

(a) Residence, No..... 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
67 4 11

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

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE '19

19. UNDERTAKER (ADDRESS)

20. FILED 8-12-1926 Donald A. Dale, M.D. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19-26

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Pneumonia left side (Date of onset)
Labour

Other contributory causes of importance:
108

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) Rosella Wheat..... M. D.
(Address) Leashe, Mo.

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