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

OCT 21 1936

Do not use this space.

35213

1. PLACE OF DEATH

County _Pettis_ Registration District No. _668_ File No. _288_

Township _____ Primary Registration District No. _3032_ Registered No. _668_

City _Sedalia_ (No. _1118 E 13_ St. _____ Ward)

2. FULL NAME _Robert Marian Wheeler_

(a) Residence, No. _1118 E 13_ St., _____ Ward.

(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Aug 19, 1924._

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
12	1	14	

OCCUPATION

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) _Sedalia, Mo._
(STATE OR COUNTRY)

FATHER

13. NAME _Joe Riley Wheeler_

14. BIRTHPLACE (CITY OR TOWN) _Pettis County, Mo._
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME _Maude Stevens_

16. BIRTHPLACE (CITY OR TOWN) _Johnson County, Mo._
(STATE OR COUNTRY)

17. INFORMANT _Mrs. Maude Wheeler_
(ADDRESS) _Sedalia, Mo._

18. BURIAL, CREMATION, OR REMOVAL
PLACE _Crown Nasty Cemetery_ DATE _9/25_ 1936

19. UNDERTAKER _McLaughlin Bros_
(ADDRESS) _Sedalia_

20. FILED _9-25-1936_ _Jean Slack_
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _September 23, 1936_

22. I HEREBY CERTIFY, That I attended deceased from _Sept 21_, 1936, to _September 23_, 1936.

I last saw him alive on _September 23_, 1936. Death is said to have occurred on the date stated above, at _6 50_ p. m.

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

Date of onset

Nonepidemic cerebrospinal meningitis

Other contributory causes of importance: _none_

Name of operation _____ 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) _C. Gordon Stanfaker_ M. D.

(Address) _5th & Engineer Sedalia, Mo._