

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.

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

Do not use this space.

NOV 27 1936

37430

1. PLACE OF DEATH *Greene*
 County *Greene* Registration District No. *323*
 Township *Wray* Primary Registration District No. *5448*
 City *Willard* (No. *R#2*) St. *Ward*

2. FULL NAME *J. M. Wheeler*
 (a) Residence, No. *Willard Mo* St. *R#2* Ward. (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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lucinda Wheeler</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 31, 1866</i>		
7. AGE	YEARS <i>70</i>	MONTHS <i>4</i>
	DATE <i>30</i>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired Pipe Fitter</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Shops</i>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <i>✓</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ohio</i>		
MOTHER	13. NAME <i>Unknown</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
	15. MAIDEN NAME <i>Mary Means</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ohio</i>	
17. INFORMANT (ADDRESS) <i>Lucinda Wheeler Willard Mo. R#2</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Murray, Indiana</i> DATE <i>Oct 19 36</i>		
19. UNDERTAKER (ADDRESS) <i>W. H. Lingner & Co. Springfield Mo.</i>		
20. FILED <i>Nov 11 1936</i> <i>Miss. Ralph Hughes</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 17 1936*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to *Oct 18 1936*

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:
Death was caused by an attack of cerebral hemorrhage. He had had previous attacks, and he was partially paralyzed.

Other contributory causes of importance:
Arterio-sclerosis.

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? *No*

23. If death was due to external cause (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 *W. H. Lingner* M. D.
 (Signed) *W. H. Lingner*
 (Address) *Springfield, Mo.*

Coroner of Greene County, Mo.

4.11.11

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