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.

APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Dallas
Township Sherman
City ..... (No. ..... St. ..... Ward)

Registration District No. 246
Primary Registration District No. 5341

File No. 11719
Registered No. .....

2. FULL NAME Virgil William Wheeler

(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

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, ~~MARRIED, WIDOWED~~, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1919

7. AGE YEARS 17 MONTHS 9 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student n School
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) Dallas Co Mo

FATHER
13. NAME Thomas H Wheeler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co Mo

MOTHER
15. MAIDEN NAME Hattie Pearl Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co Mo

17. INFORMANT (ADDRESS) Neva Roberts Branch Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopewell DATE 3/15 1937

19. UNDERTAKER (ADDRESS) W V Spyres Marks Creek Mo

20. FILED 3-30, 1937 John S. Morton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1937, to March 13, 1937
I last saw him alive on March 12, 1937. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 3/8/37

Other contributory causes of importance: Influenza — 3/1/37

Name of operation ..... Date of .....
What test confirmed diagnosis? Examination 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? .....
If so, specify .....
(Signed) L. E. Glover, M. D.
(Address) Osborn, Mo