

JUN 17 1937

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. Missouri Methodist Hospital)
File No. 19500
Registered No. 592
St. _____ Ward) _____
2. FULL NAME Albert Francis Wheeler
(a) Residence, No. Halls, Mo St. _____ Ward. Halls Mo.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 6 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 Pearl E. Wheeler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1873
7. AGE YEARS 63 MONTHS 11 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) May 1937 11. Total time (years) spent in this occupation Life
12. BIRTHPLACE (CITY OR TOWN) Halls (STATE OR COUNTRY) Missouri
13. NAME John Wheeler
14. BIRTHPLACE (CITY OR TOWN) Boone Co. (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Rebeckah Keeling
16. BIRTHPLACE (CITY OR TOWN) De Kalb Co. (STATE OR COUNTRY) Missouri
17. INFORMANT Mrs. Albert F. Wheeler (ADDRESS) Halls Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cem. DATE May 21, 1937
19. UNDERTAKER Clark Mortuary (ADDRESS) St. Joseph, Mo.
20. FILED 170 37 H. H. Keith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1937
22. I HEREBY CERTIFY, That I attended deceased from 5-6-, 1937, to 5-19-, 1937
I last saw him alive on 5-4-, 1937. Death is said to have occurred on the date stated above, at 2:45 A.M.
The principal cause of death and related causes of importance were as follows:
Cerebral embolism on thrombotic occlusion of the middle cerebral artery 10 days after appendectomy (Pneumococcus appendicitis) with fatalis with lung abscess from lungs to heart and
Other contributory causes of importance: Endocarditis
Name of operation Appendectomy 5/6/37 Date of _____
What test confirmed diagnosis? Physician 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 ✓, 1937
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) D. D. Thomas M. D.
(Address) 832 Edward St. Joseph Mo

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.

From the ...

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