

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

*Smalley*  
Do not use this space.

3732

**1. PLACE OF DEATH**  
 80 County Pettis Registration District No. 668  
 Township Pettis Primary Registration District No. 5-889  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Bertha Viola Wheatley 340  
 (a) Residence, No. R.R. 5 Sedalia 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** F **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Thomas M. Wheatley

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Feb 23-1894

**7. AGE** YEARS 44 MONTHS 10 DAYS 13 **IF LESS than 1 day,** \_\_\_\_\_ hrs. \_\_\_\_\_ min.

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

**FATHER**  
**13. NAME** Robert Crawford  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** N.K.

**MOTHER**  
**15. MAIDEN NAME** Badley  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** N. K.

**17. INFORMANT (ADDRESS)** Thomas M. Wheatley  
R.R. 5 Sedalia

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Crown Hill DATE Jan 8 1938

**19. UNDERTAKER (ADDRESS)** M. E. Baughman Bros.

**20. FILED** 1-8 1938 Jan 8 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan 6-1938

**22. I HEREBY CERTIFY** That I attended deceased from April 1938 to Jan 6 1938  
 I last saw him alive on Jan 6 1938 Death is said to have occurred on the date stated above, at 10 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of  
uterus  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
48

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?** 1  
 If so, specify \_\_\_\_\_  
 (Signed) E. J. Smalley M. D.  
 (Address) Sedalia Mo

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS  
MO: STATE BOARD OF HEALTH