

REC'D JUL 7 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County St. Charles  
Township O. Doyle  
City..... (No. ....) St. .... Ward)

Registration District No. 1005  
Primary Registration District No. 6009

File No. 22808  
Registered No. ....

## 2. FULL NAME

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>66</u>	MONTHS <u>11</u>
	DAYS <u>6</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>	
	10. Date deceased last worked at this occupation (month and year) ..... X 11. Total time (years) spent in this occupation ..... X 0	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles</u>
	13. NAME <u>Mike Wheeler</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles</u>
	15. MAIDEN NAME <u>Sarah Vaughan</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles</u>
17. INFORMANT <u>Wm M C Wheeler</u>	
18. BURIAL, CREMATION, OR REMOVAL <u>Interred</u>	
PLACE <u>Interred</u>	DATE <u>7-7</u>
19. UNDERTAKER <u>Oscicola</u>	
20. FILED <u>June 17, 1938</u> <u>Matthe &amp; Davis</u>	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 193822. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1937 to Feb 5, 1938, 1938I last saw him alive on Feb 5, 1938, 1938 Death is saidto have occurred on the date stated above, at 12:30 P.m.

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

Had Flu one year ago  
Regulated Mitral Stenosis  
Had no work  
Since Jan 21 - 1937  
Gastritis Chronic #10  
Other contributory causes of importance:  
Kidney's Cause oedema  
of lower extremities with  
Bright's disease affection

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  1938Where 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) E. T. Sullivan, M. D.(Address) Oscicola

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.

RECORD, WITH OBTAINING INFORMATION, THIS IS A PERMANENT RECORD

SECRET  
U.S. GOVERNMENT PRINTING OFFICE: 1964  
OCCASIONALLY  
REPRODUCED FROM  
GPO OFFICIALS  
RECORDS

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

22808  
Do not use this space.

1. PLACE OF DEATH
- (a) County St. Clair Registration District No. 1005  
 (b) Township Douglas Primary Registration District No. 6009 Registered No. ....  
 (c) City ..... (d) Street No. .... St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Millie E. Wheeler
- (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 25 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>61</u>	<u>11</u>	<u>11</u>	<u>3</u>

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
 9. Industry or business in which work was done, as 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) .....

FATHER

13. NAME .....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) Ella Wheeler  
Vista No

18. BURIAL, CREMATION, OR REMOVAL  
PLACE ..... DATE ..... 19 .....

19. FUNERAL DIRECTOR (ADDRESS) .....

20. FILED June 17 1938 Millie J. Davis  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19.....  
 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:  
 Date of onset .....

Other contributory causes of importance: .....

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? .....

If so, specify E. W. Sullivan, M. D.  
 (Signed) Escola  
 (Address) .....

THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully checked. Physicians should state CAUSE OF DEATH in plain terms, so that it may be readily understood. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

