

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

Do not use this space.

REC'D OCT 7 1938

2
1

1. PLACE OF DEATH
 County Barton
 Township Lamar
 City..... (No..... St..... Ward)

Registration District No. 40
 Primary Registration District No. 5088

File No. 31629
 Registered No. 43

2. FULL NAME William Eagon Wheatley

(a) Residence, No..... St..... Ward.....
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30th, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
81 3 26

OCCUPATION 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.
 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) Elizabethtown, Ky

FATHER 13. NAME Gabriel Wheatley

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Mary whetley
 (ADDRESS) Lamar MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn Cemetery 9-27-38

19. UNDERTAKER Springfield, MO.
 (ADDRESS) River Funeral Home, 40 Lamar, MO.

20. FILED 9-26-38 Mrs. Josephine Myratt (Address) Lamar, Mo.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 1938

22. I HEREBY CERTIFY. That I attended deceased from Sept 22, 1938, to Sept 24, 1938
 I last saw him alive on Sept 23, 1938. Death is said to have occurred on the date stated above, at 5 A.M.
 The principal cause of death and related causes of importance were as follows:

Incarcerated
gangrenous, indirect
inguinal hernia 9/20 1938
 Date of onset

Other contributory causes of importance:
senile debility

Name of operation 178 Date of.....
 What test confirmed diagnosis?..... 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. home

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) James A. Atkins, M. D.
Lamar, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. **DO NOT WRITE IN THESE SPACES. ALL INFORMATION SHOULD BE WRITTEN EXACTLY. PHYSICIANS SHOULD STATE**

RECEIVED

District Health Officer No. 6,

District File Number 6-38-224

Date Filed 10/4/38