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.

REC'D NOV 17 1938

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

Do not use this space.

36475

File No. 282

Registered No. 668

1. PLACE OF DEATH
County: Pettis
Registration District No. 668
Township:
Primary Registration District No. 3032
City: Sedalia, Mo. (No. Bothwell Hosp. St. Ward)

2. FULL NAME Clifford Clayton Wheeler
(a) Residence, No. Route 3, Lamonte, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	32	6	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) Aug. 20, 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Hughesville
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Paris Wheeler
14. BIRTHPLACE (CITY OR TOWN) Sweet Springs
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Emma Swope
16. BIRTHPLACE (CITY OR TOWN) Hughesville
(STATE OR COUNTRY) Missouri

17. INFORMANT Donald Wheeler
(ADDRESS) Route 3, Lamonte, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lamonte, Mo. DATE 10/9/38, 19

19. UNDERTAKER Duane Ewing
(ADDRESS) Sedalia, Mo.

20. FILED 10-8-, 1938 Fern Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1938, to Oct 7, 1938
I last saw him alive on Oct 7, 1938. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	

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
(Signed) M. D. Lyle, M. D.
(Address) Sedalia Mo

Dr. Shy
111 West 4th

RECEIVED
District Health Officer No. 3
District File Number 11/8/38
Date Filed