

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.

ISSUED JUN 20 1939

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

Do not use this space.

1. PLACE OF DEATH

County Pettis
Township
City Sedalia (No. 460)

Registration District No. 168
Primary Registration District No. 3032

File No. 19452
Registered No. 100
Ward

2. FULL NAME Mrs. Dicy Elizabeth Wheeler
1400 East 3rd,

(a) Residence, No. 1400 East 3rd, St. 1400 East 3rd, Ward. (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 Female 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 Henry Jackson Wheeler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/18/73
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 1 26

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. Housewife
10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation

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

13. NAME Madison Johnson

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Bertie Wilson (ADDRESS) 1403 East 3rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 5/16 19.

19. UNDERTAKER Quang Caring (ADDRESS) Sedalia

20. FILED 5-16-39 1939 Mrs. Harry Sneed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1939

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1939 to May 14, 1939
I last saw her alive on not at all, 1939. Death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

Corony occlusion

Date of onset April 20
do not know
do not know
do not know

Other contributory causes of importance: 59
probable malaria
ispyrularia
Chlorum nigr Cardoni
Name of operation none Date of none
What test confirmed diagnosis: from post mortem Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no
Where did injury occur? no
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury organism made from history of
23. Nature of injury organism activity of organism

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) Chas. S. Sneed, M. D.
(Address) 1400 East 3rd

Dr. Stauffacher

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 0/8/39