

NOV 24 1939

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

Do not use this space.

36589

1. PLACE OF DEATH

County McDonald Registration District No. 518
Township 1 Primary Registration District No. 1594
City Anderson (No. 450)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Bush Hospital 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 Male 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17-1866

7. AGE YEARS 73 MONTHS 4 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Maine

13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Mae Wheeler Dallas Texas

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson Mo DATE 10-15-39

19. UNDERTAKER (ADDRESS) Talton Funeral Home Anderson Mo

20. FILED 10 22 1939 ms Lee Harper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14-1939

22. I HEREBY CERTIFY, That I attended deceased from 9-15-39, 19____, to 10-14-1939, 19____. I last saw him alive on 10-14-39, 19____. Death is said to have occurred on the date stated above, at 6:15 P. The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
General Tareus
43

Date of onset 10-14-39

Other contributory causes of importance: Syphilis - Rabies
14th, Washington
4-1-39

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) W. Bush, D.D.
(Address) Anderson, Missouri

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.

RECEIVED

District Health Officer No. 6,

District File Number 1139-2173

Date Filed NOV 6 1939

JUL 19 1951