

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

12495

1690

1. PLACE OF DEATH  
County Jackson Registration District No. 899 File No. \_\_\_\_\_  
Township Tow Primary Registration District No. 1002 Registered No. \_\_\_\_\_  
City Kansas City No. 2936 Baltimore St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. FULL NAME Mr Wm Overstreet Wheat  
(a) Residence No. 2936 Baltimore 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr 3 1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 53 0 0  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Service Department  
(b) General nature of industry, business, or establishment in which employed (or employer) Butler Mfg Co.  
(c) Name of employer oldest employee

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
10. NAME OF FATHER James Wheat  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
12. MAIDEN NAME OF MOTHER Madora Polhoun  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs Wm O Wheat  
(Address) 2936 Baltimore  
15. FILED 33-20 M. M. Crowl  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 3 1920  
17. I HEREBY CERTIFY, That I attended deceased from Feb 29 1920 to Mar 2 1920 that I last saw him live on Mar 2 1920 and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

acute Bronchopneumonia

CONTRIBUTORY (SECONDARY) Influenza  
(duration) yrs. mos. da. 4

18. WHERE WAS DISEASE CONTRACTED Kansas City Mo  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

1. DID AN OPERATION PRECEDE DEATH. no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY. no

WHAT TEST CONFIRMED DIAGNOSIS. Physical finding  
(Signed) W. M. Herald, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)  
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Washington DATE OF BURIAL 3/6 1920  
ADDRESS 1800 Lenwood Blvd.

20. UNDERTAKER Caylor Bros

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

