

SEP 24 1929

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

Do not use this space.

27232

1. PLACE OF DEATH

County Chariton
Township Keyteville
City Keyteville (No. St. Ward)

Registration District No. 171
Primary Registration District No. 4100

File No.
Registered No. 14

2. FULL NAME

Georgia Ann Wheeler
(a) Residence. No. 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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
75 | - | - | -

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Keyteville
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Jake Wheeler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mattida Wheeler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Rayton Wheeler
(Address) Brookfield Mo.

15. FILED aug 29 1929 Zettie Sneed
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1929 to Aug 5 1929 (that I last saw h. alive on Aug 8 1929 and that death occurred, on the date stated above, at 1 A. m.

THE CAUSE OF DEATH? WAS AS FOLLOWS:

acute Stenosis

CONTRIBUTORY (SECONDARY) POW

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

18. DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Pathologic
(Signed) Pathologic, M. D.

19. 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.
Aug 29 1929 (Address) Keyteville

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Keyteville Mo DATE OF BURIAL Aug 29 1929

20. UNDERTAKER Rucker & Garnett ADDRESS Keyteville Mo.

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.

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