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

Do not use this space.

11800

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001 — File No.

City St. Joseph (No. Noyes-Baptist Hospt. St. Ward) — Registered No. 512

2. FULL NAME La Fawn Claudian Wheeler

(a) Residence. No. 331 Texas St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 14, 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	17	5	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work In school

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hebron (STATE OR COUNTRY) Neb.

PARENTS

10. NAME OF FATHER Lester C. Wheeler

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

12. MAIDEN NAME OF MOTHER Alta Losey

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

14. INFORMANT Mrs. Lester C. Wheeler (Address) 331 Texas Ave.

15. FILED APR 24 1930 19 John G. [illegible] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24, 1930

17. I HEREBY CERTIFY, That I attended deceased from April, 1930, to April 24, 1930 that I last saw her alive on April 23, 1930, and that death occurred, on the date stated above, at 3:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Abortion

Kind of abortion Unknown (duration) yrs. 1½ mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Kansas City Mo.

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) H S Ingram, M. D.

4/24, 1930 (Address) 520 - Francis St St Joseph Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Memorial Park Cem.	Apr. 26, 1930 19

20. UNDERTAKER	ADDRESS
Fred D Clark	[illegible]

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.