

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

Do not use this space.

17644

1. PLACE OF DEATH  
 38 County Gentry Registration District No. 312  
 Township Jackson Primary Registration District No. 543/A  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 11

2. FULL NAME Samuel F. Wheeler.  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. King City, Mo.  
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elvira Wheeler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 29, 1840</u>		
7. AGE	YEARS <u>91</u>	MONTHS <u>2</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer.</u>	
	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. <u>Kookomo.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana.</u>		
FATHER	13. NAME <u>Thomas Jefferson Wheeler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown. Ind.</u>	
MOTHER	15. MAIDEN NAME <u>Unknown.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown. 31</u>	
17. INFORMANT (ADDRESS) <u>J. S. Wheeler King City, Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Union Star.</u> DATE <u>May 19, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>H. D. Wilson King City, Mo.</u>		
20. FILED <u>May 19, 1931 In Paullette Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

1  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 31. 1931

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1931 to May 17, 1931  
 I last saw him alive on May 16, 1931. Death is said to have occurred on the date stated above, at 6:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Old age.  
 Date of onset \_\_\_\_\_

162  
 162  
 Other contributory causes of importance:  
 (1)

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) E. M. Reynolds M. D.  
 (Address) Union Star Mo

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.

MAY 25 1931

