

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

8.  
Do not use this space.  
  
34102

1. PLACE OF DEATH  
 County Dunklin Registration District No. 220  
 Township Salmon Primary Registration District No. 5408  
 City..... (No.....) St..... Ward.....

2. FULL NAME Burley O'Neal Wheeler  
 (a) Residence, No..... St..... Ward.....  
 (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. (If nonresident, give city or town and State)

**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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17, 1931</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Single</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Dunklin Co., Mo.</u>		
MOTHER	13. NAME <u>E. Wheeler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Stoddard Co., Mo.</u>	
	15. MAIDEN NAME <u>Martha M. Daniel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Dunklin Co., Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. E. Wheeler</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Mt. Zion</u>	DATE <u>10/31/31</u>
19. UNDERTAKER (ADDRESS) <u>Mrs. Daniel, Jewell Co.</u>		
20. FILED <u>11-1</u> 19 <u>31</u> <u>A. J. Wheeler</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1931, to Oct 12, 1931.  
 I last saw him alive on Oct 12, 1931. Death is said to have occurred on the date stated above, at 1:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Illia Balitis  
 Date of onset 7-31

Other contributory causes of importance

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) A. J. Wheeler, M. D.  
 (Address).....

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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