

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

Do not use this space.

7214

1. PLACE OF DEATH
 114 County Wayne Registration District No. 908
 Township North Grove Primary Registration District No. 6222
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Sarah Eliza Wheeler
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. A. Wheeler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23 - 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 06 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horsekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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 COUNTRY) Bado Texas Co.

FATHER 13. NAME Abner Hughes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Mary Ann Coats

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Guthrie Mo 31

17. INFORMANT (ADDRESS) Floyd Lynch

18. BURIAL, CREMATION, OR REMOVAL PLACE Grave Cem DATE 2-9 1932

19. UNDERTAKER (ADDRESS) Dutton Funeral Home

20. FILED 3/19 1932 J. M. Hubbard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 - 1932, to 2/7 1932
 I last saw him alive on 2/7 1932 Death is said to have occurred on the date stated above, at 9:41 p.m.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
7797
 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 _____, 1932

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? _____

If so, specify _____ (Signed) J. M. Hubbard M. D.
 (Address) 1001 1/2 E. 11th St. St. Louis

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.

WRITE PROMPTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

