

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

Do not use this space.

8881

1. PLACE OF DEATH
 49 County Jasper Registration District No. 460 File No. _____
 Township Preston Primary Registration District No. 5559A Registered No. 9
 City _____ (No. _____) St. _____ Ward _____

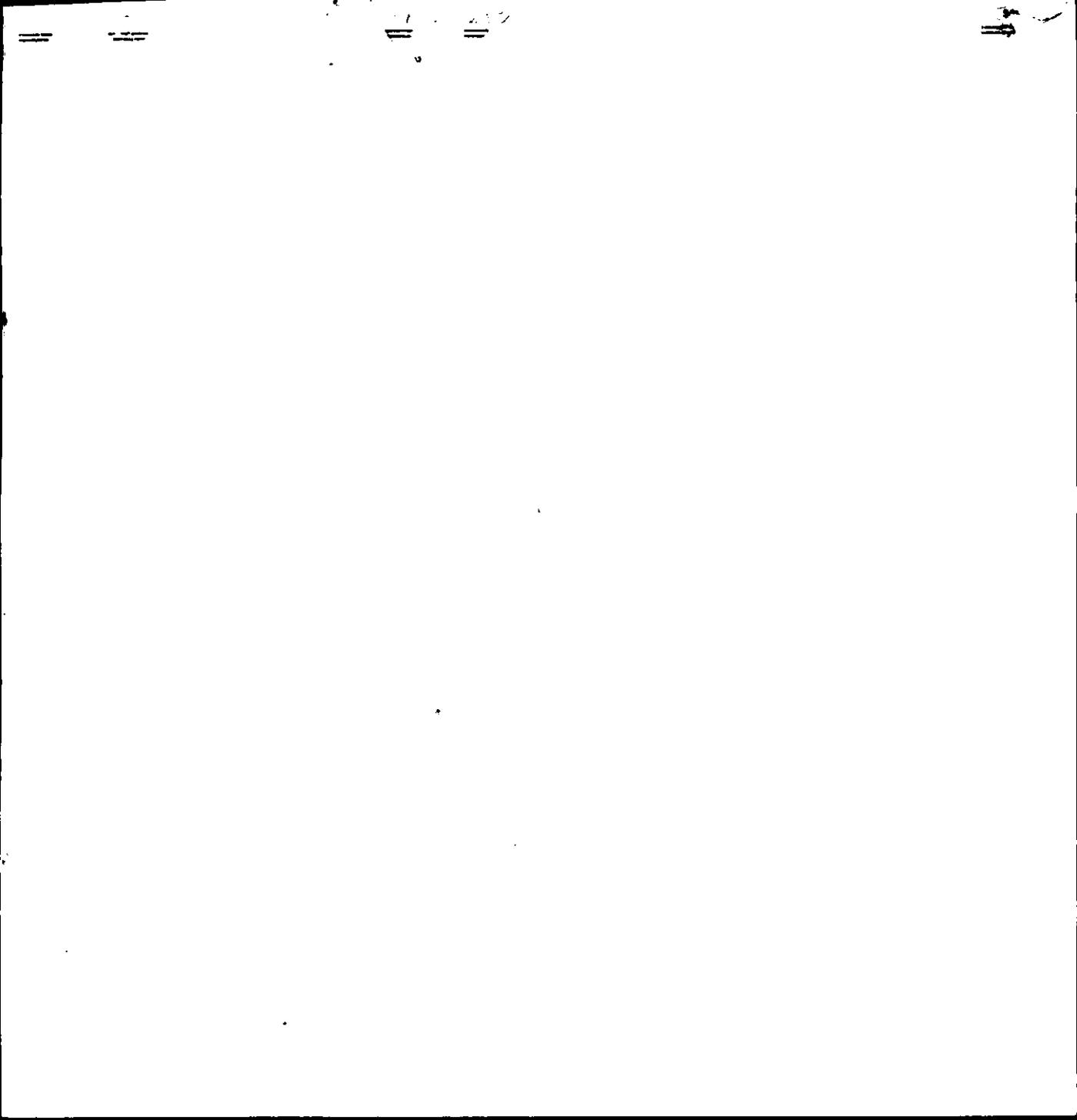
2. FULL NAME Harrett Elzadah Wheeler
 (a) Residence, No. Alva St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 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) June 11 - 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 2 15
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 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 COUNTRY) Jasper Co. Mo.
 MOTHER FATHER
 13. NAME Ruscum Wheeler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 MOTHER
 15. MAIDEN NAME Martha Ann Longan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT H. L. Wheeler
 (ADDRESS) Rt 1 Alva Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE East Hill Cemetery DATE 3-28 1932
 19. UNDERTAKER Wm. - Drake
 (ADDRESS) Carthage Mo.
 20. FILED 5-6-32 J. Effie Green
 Registrar.

MEDICAL CERTIFICATE OF DEATH

2
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26 1932
 22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1932 to Mar 26 1932
 I last saw her alive on Mar 16 1932 Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic hypertensive arial
degeneration of
ail aged
 Date of onset
131
162
 Other contributory causes of importance:
131
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? _____
 If so, specify _____
 (Signed) W. H. [Signature] M. D.
 (Address) Carthage Mo.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jasper
Township Buxton
City (No.) (No.) (No.)

Registration District No. 410
Primary Registration District No. 5-5-66

File No. _____
Registered No. 8 St. _____ Ward _____

2. FULL NAME

Harrett Elzadah 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 - 1838

7. AGE YEARS 82 MONTHS 2 DAYS 13 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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 COUNTRY) Jasper Mo

13. NAME Ruscum Wheeler

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

15. MAIDEN NAME Martha Ann Long

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

17. INFORMANT D. F. Wheeler (ADDRESS) 12-1

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE 3-28 1932

19. UNDERTAKER Ulmer - Drake (ADDRESS) Carthage Mo

20. FILED 5-28 1932 D. F. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26 . 19 32

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 - 1932 to Mar 26, 1932

I last saw her alive on Mar 16, 1932. Death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
marked debility of
old age

Date of onset _____

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? _____

If so, specify _____

(Signed) W. G. Hogan, M. D.

(Address) Neek Mo

SUPPLEMENTARY

1888-5