

R. 13
Doc 197

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

Do not use this space.

34291

1. PLACE OF DEATH

96 County St. Louis
Township Bonhomme
City Effkwood, Mo.

Registration District No. 785
Primary Registration District No. 6031
(No. 808 Amanda Ave. Route 13 Box 197 - St. Ward)

File No. _____
Registered No. 258

2. FULL NAME

Donal Wheeler

(a) Residence, No. 808 Amanda Ave Effkwood Mo. - Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mes. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child Sept. 2-1920

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 1 28

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

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) Baltimore Maryland

13. NAME Donal Wheeler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Kansas

15. MAIDEN NAME Elcie Ellisth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

17. INFORMANT Donal Wheeler
(ADDRESS) 808 Amanda Ave Effkwood Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill DATE Oct. 31 1933

19. UNDERTAKER Chedman & Sons
(ADDRESS) 2934 20th St. St. Louis

20. FILED 10/30 1933 P. E. Barrett

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1926, to October 30 1933
I last saw him alive on Aug 20th 1933 Death is said to have occurred on the date stated above, at 10:00 AM.

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

Other contributory causes of importance: Epilepsy
85
86

Date of onset: 1926

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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) Henry H. DeBusyn, M.D.
(Address) 1200 E. Grand Effkwood

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.

NOV 10 1933

