FEB 27 1934

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.

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

Do not use this space.

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1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. E001 — Registered No. 1211

City St. Joseph (No. in rear of 2117 Washington Ave. St. Ward)

2. FULL NAME Harry Wheeler

(a) Residence, No. 2117 Washington Ave. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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) May 6, ~~10k~~ 1910

7. AGE: YEARS 23 — MONTHS 8 — DAYS 24 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continental Baking Co.
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) Snyder Oklahoma

FATHER

13. NAME J.A.Wheeler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Texas

MOTHER

15. MAIDEN NAME May Trible
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elwood Kansas

17. INFORMANT (ADDRESS) Mrs May Clary 2117 Washington Ave. St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Memorial Park Cem.
PLACE St. Joseph Mo. DATE Feb. 3 1934

19. UNDERTAKER (ADDRESS) H A Sidenfaden 1802 Union st St. Joseph Mo.

20. FILED FEB 2 1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1934

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased on from Jan. 30 --, 19..., to - autopsied, 19...
I last saw h - alive on --, 19... Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

Gunshot Wound (Homicidal) — Date of onset

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Other contributory causes of importance: no fact.

Name of operation none — Date of
What test confirmed diagnosis? autopsy — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicidal — Date of injury Jan. 30, 1934
Where did injury occur? St. Joseph Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Gunshot Wound
Nature of injury Lungs penetrated by bullet.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Forrest Thomas Coroner M.D.
(Address) 8011/2 Felix Dr.