

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.

DEC 14 1934

39038

**1. PLACE OF DEATH**

County Franklin Registration District No. 292  
Township Washington Primary Registration District No. 5410  
City New Haven Mo. (No. Missouri Pacific Tracks St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Arthur Wheeler  
(a) Residence, No. 2351 Albion Place St. \_\_\_\_\_ Ward. St. Louis Mo.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Laura Wheeler</u> <del>WIFE OF</del>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 22 1905</u>		
7. AGE YEARS <u>29.</u>	MONTHS <u>6</u>	DAYS <u>7.</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Elevator Man</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 COUNTRY) <u>Oklahoma</u>		
13. NAME <u>Matthew Wheeler</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Okla.</u>		
15. MAIDEN NAME <u>Urie Brown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oklahoma</u>		
17. INFORMANT <u>Mrs Laura Wheeler</u> (ADDRESS) <u>2351 Albion St. Louis Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sahleguaha Okla.</u> DATE <u>Dec 2, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>F. O. Sterlig &amp; Son</u> <u>New Haven Mo.</u>		
20. FILED <u>Nov 29 1934</u> <u>Jeffie J. Grammauer</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ A.M.

The principal cause of death and related causes of importance were as follows:  
Unknown Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Found on Missouri Pacific rail road track about one and one half miles east of New Haven Mo. badly mangled.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis: clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? possibly accident 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) E. L. Worthington coroner  
(Address) Labadie Mo.

