

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 18 1934

41055

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City Saint Louis (No. Peoples Hospital) St. Ward)

File No.
Registered No. 11005

2. FULL NAME Cora Wheeler

(a) Residence, No. 4437 North Market St., 11 Ward. (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HOUSEWIFE (OR) WIFE OF Edward Wheeler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19th, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 5 25

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 17

10. Date deceased last worked at this occupation (month and year) November 134 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mount Pleasant Tennessee

13. NAME Emanuel Orr

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

15. MAIDEN NAME Mary Stockard

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

17. INFORMANT (ADDRESS) Edward Wheeler 4437 North Market Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE Nov. 19th, 1934

19. UNDERTAKER (ADDRESS) Charles G. Bates 4107 Finney Avenue

20. FILED 11/19/1934 J. G. Budeck Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1934, to November 14, 1934

I last saw her alive on November 14, 1934 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:

Acute Appendicitis Date of onset Nov 7
Rupture date unknown
Advised immediate operation but patient refused

Other contributory causes of importance:
General Peritonitis Nov 14
(Disagreed or end of test Nov 14)

Name of operation Gen + drainage Date of Nov 14

What test confirmed diagnosis? Chills Was there an autopsy? Yes

28. 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? No
If so, specify

(Signed) A. W. Cheatham W. Cheatham, M. D.

(Address) 1048A North Vandeventer

