

123 1935

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

Do not use this space.

20081

1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. _____
Township _____ Primary Registration District No. 3020 Registered No. _____
City Barthage - Mc Luna & Spinks Hospital St. _____ Ward _____

2. FULL NAME

Elmer C. Wheeler
(a) Residence, No. Route 4 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 (OR) WIFE OF <u>Allie Wheeler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 12, 1870</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>9</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wades</u> <u>Illinois</u>		
13. NAME <u>Alexander Wheeler</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Kentucky</u>		
15. MAIDEN NAME <u>Emily Berresden</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Kentucky</u>		
17. INFORMANT <u>Mrs Allie Wheeler</u> (ADDRESS) <u>Route 4, Barthage, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jasper Cemetery</u> DATE <u>June 30, 1935</u>		
19. UNDERTAKER <u>Full Mortuary</u> (ADDRESS) <u>Barthage, Mo.</u>		
20. FILED <u>June 29, 1935</u> <u>S. B. Clinton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/3, 1933, to 6/27, 1935
I last saw him alive on 6/27, 1935 Death is said to have occurred on the date stated above, at 8 p.m.
The principal cause of death and related causes of importance were as follows:
Chr. urelo. nephritis following dilated right kidney & incurred in automobile accident
Date of onset: Max 3, 1933

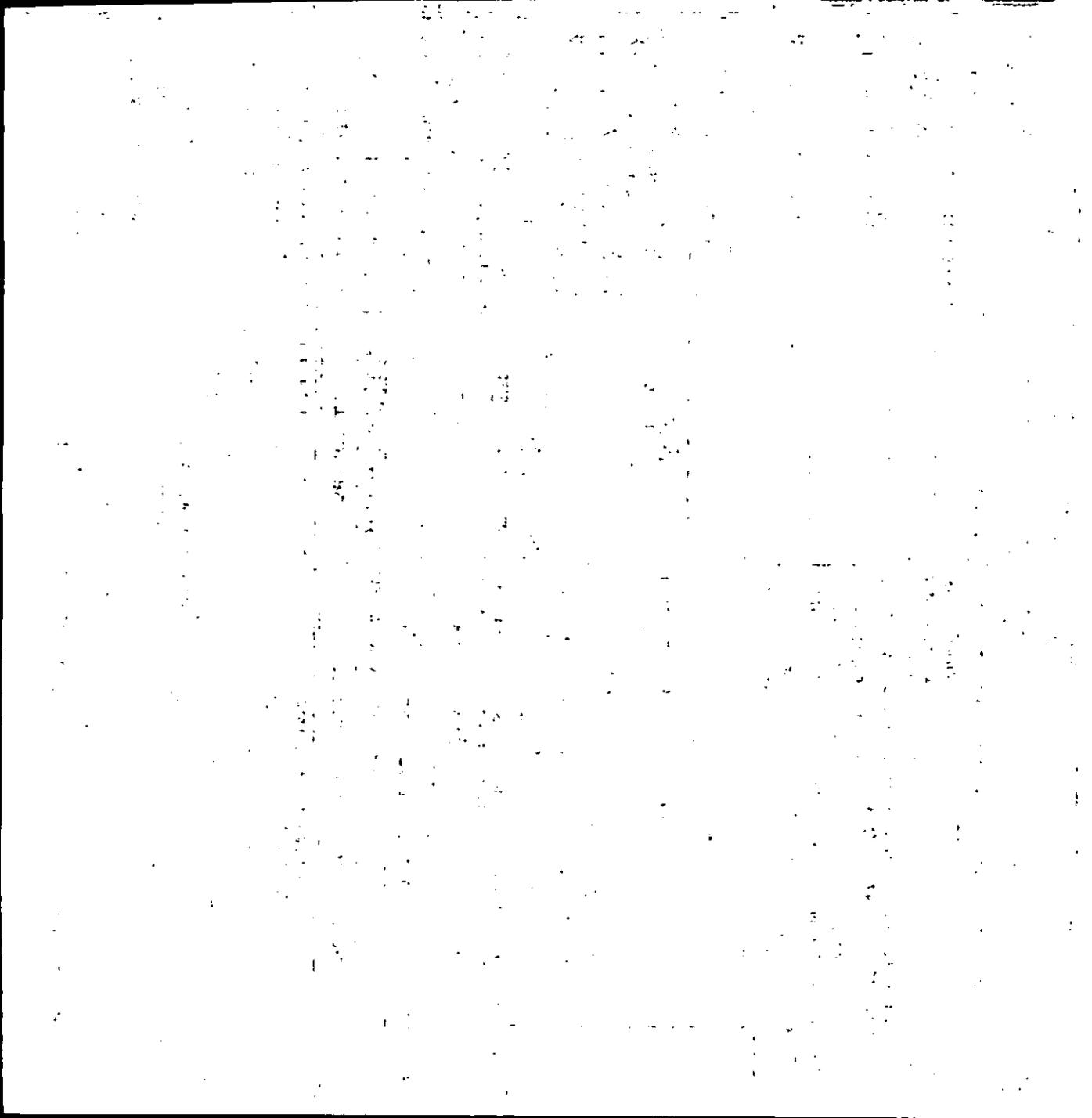
Other contributory causes of importance:
none

Name of operation none Date of _____
What test confirmed diagnosis? uric acid Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Max 3, 1935
Where did injury occur? Anderson Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Highway

Manner of injury auto accident
Nature of injury dilatation of kidney, fracture of hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) H. A. LaFare M. D.
(Address) Barthage 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 Registration District No. 408
 Township _____ Primary Registration District No. 3020
 City Carthage (No. _____) St. _____ Ward _____

2. FULL NAME

Elmer A. 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 <u>m</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>64</u>	MONTHS <u>9</u>
	DAYS <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him _____ all year _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Ch. Pilo. nephritis following Date of onset
diagnosed at kidney in
accident
 Other contributory causes of importance: 7/10
Occupant of car.

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

13. NAME

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

15. MAIDEN NAME

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

MOTHER FATHER

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. UNDERTAKER (ADDRESS)

20. FILED Aug 9, 1935 S. B. Clinton Registrar.

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) H. A. Layton, M. D.
 (Address) Carthage Mo.

AUG 6 1935

5-20071

20071

5-1-35