

JAN 20 1937

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

Do not use this space.

44595

1. PLACE OF DEATH

County Howell

Registration District No. 387

Township Wills Springs

Primary Registration District No. 5540

City Mile post #300-25, Frisco R.R.

File No. ....

Registered No. ....

St. .... Ward)

2. FULL NAME Charles Carroll Wheatley

(a) Residence, No. Pomona, Mo. St., .... Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Worthington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
69 6 19

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

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) 1930 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Matthew Wheatley

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

MOTHER 15. MAIDEN NAME Martha Logsdon

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

17. INFORMANT James L. Wheatley (Bro.) (ADDRESS) Pomona, Mo.

18. BURIAL, CREMATION, OR REMOVAL Epps Cem. PLACE Dry Creek Tp. DATE Dec 21, 1936

19. UNDERTAKER Hal Thornburgh (ADDRESS) West Plains, Mo.

20. FILED Dec 22, 1936 Dora Cagle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1936

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 4:50 P.M.

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

Complete compound fracture of skull causing loss of brain.  
Crushed chest, left side  
Crushed left Ilium.  
Compound fractures both tibiae and fibulae.  
Other contributory causes of importance:

Date of onset

Name of operation ..... 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? 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. Right of way of Frisco R. R.

Manner of injury Struck by #107 while walking  
Nature of injury Killed instantly

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify .....

(Signed) Mayme C. Thornburgh Coroner, K.  
(Address) West Plains, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

300-35