

NOV 3 1938

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

35780
Do not use this space.

1. PLACE OF DEATH

(a) County Brandy Registration District No. 327
(b) Township Liberty Primary Registration District No. 5453
(c) City Galt Mo (d) Street No. _____ Registered No. 12
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mrs Elizabeth Jane Wheeler

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. S. Wheeler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 10. 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker
9. Industry or business in which work was done, as 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) Ohio

FATHER 13. NAME Samuel R. McCall

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

MOTHER 15. MAIDEN NAME Martha McCausler

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

17. INFORMANT Ed Wheeler (ADDRESS) Galt Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rt 3007 Galt Mo DATE Sept 5 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. Weston Son Galt Mo

20. FILED 9-4 1938 W. C. Weston Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1938

I HEREBY CERTIFY, That I attended deceased from Aug 17 - 1938, to 9-3-1938

I last saw her alive on 8-30-1938 Death is said

to have occurred on the date stated above, at 6:45 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach

Date of onset ?

Other contributory causes of importance:

Myocarditis chronic

Date of onset ?

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? _____ 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) W. C. Weston M. D.
(Address) Galt Mo

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

PK Payne Jr

..... or by

Registered Apprentice No., working under my personal supervision.

Signed.....

PK Payne Jr

Licensed Embalmer No.

3400

P. O. Address.....

Galt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.