

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39897
Do not use this space.

DEC 15 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township Carthage Primary Registration District No. 3020 Registered No. 212
 (c) City Carthage (d) Street No. McCune-Brooks Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 8 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Everett Scott Wheeler

(a) Residence, No. 1135 Lyon St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Lizzie Howey Wheeler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1881

7. AGE YEARS 58 MONTHS 4 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Maple Grove (STATE OR COUNTRY) Missouri

FATHER 13. NAME Benjamin Wheeler

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

MOTHER 15. MAIDEN NAME Caroline McDaniel

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

17. INFORMANT (ADDRESS) Dean Wheeler
1135 Lyon St. Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE 11-10, 1939

19. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home (ADDRESS) Carthage, Mo.

20. FILED Nov. 10, 1939 E. J. McEntire, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on Nov 7, 1939. Death issued to have occurred on the date stated above, at 3:15 P. M.
 The principal cause of death and related causes of importance were as follows:

Fractured skull
act. crushed chest
Trunk out train
Collision
Date of onset

Other contributory causes of importance:
Trunk out train
Collision

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Collision Date of injury 11/6/39
 Where did injury occur? Carthage, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Railroad crossing, 1/2 mi. Main St.
 Manner of injury Truck-train collision
 Nature of injury Fract. skull & crushed chest

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. H. Winchester, Coroner, M. D.

(Address) Joplin, 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.

