

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

Do not use this space.

23 1929

**1. PLACE OF DEATH**

County Berry Registration District No. 29  
Township Flay Creek Primary Registration District No. 5038  
City Cassville (No. ....) (Ward) .....

File No. 9441  
Registered No. 117  
St. .... Ward) .....

**2. FULL NAME**

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 16 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1929 to March 16, 1929, that I last saw him alive on Mar 14, 1929, and that death occurred, on the date stated above, at 2:30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-11-1918

THE CAUSE OF DEATH\* WAS AS FOLLOWS?

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
10 5 5

aortic insufficiency

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

CONTRIBUTORY (SECONDARY)

9. BIRTHPLACE (CITY OR TOWN) Aurora  
(STATE OR COUNTRY) mo

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Wm. B. Wheeler

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cassville  
(STATE OR COUNTRY) mo

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) Herbert H. Dalger, M. D.

12. MAIDEN NAME OF MOTHER Holley  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cassville  
(STATE OR COUNTRY) mo

Mar 7, 1929 (Address) Cassville, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Wm. B. Wheeler  
(Address) Cassville mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cassville mo DATE OF BURIAL Mar 17 1929

15. FILED apr. 29 1929 Mrs. H. R. Williams  
REGISTRAR

20. UNDERTAKER H. G. Bradford

N. B.—Every item of information should be carefully supplied. AGE should be shown EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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