AUG 12 1935

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

Do not use this space. 744

85

22208

1. PLACE OF DEATH
County Buchanan
Township Washington
City St. Joseph (No. Saint Joseph Hospital) St. ..... Ward.

Registration District No. 1001
Primary Registration District No.
File No.
Registered No. 764

2. FULL NAME Mrs. Minnie M. Wheeler

(a) Residence, No. 3512 Sacramento 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF 7 Thomas A. Wheeler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1
	65	3	29	day, ... hrs. or ..... min.

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry County Missouri

13. NAME Nathaniel Blakley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown unknown

15. MAIDEN NAME Mary Whitehead
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown unknown

17. INFORMANT Thomas A. Wheeler
(ADDRESS) 3512 Sacramento St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Cemetery DATE July 20 1935

19. UNDERTAKER E. R. Sidenfaden
(ADDRESS) 602 So. 10th St.

20. FILED 7-18 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1935, to July 17, 1935
I last saw h..... alive on July 15, 1935 Death is said to have occurred on the date stated above, at 10:25 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage (Rt. Hemiplegia) 7/9/35

Other contributory causes of importance:
Arterio Sclerosis 1930
Hypertension

Name of operation none Date of..... no
What test confirmed diagnosis? Rays X..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 no
Nature of injury

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

(Signed) R. Humphrey , M. D.
(Address) 8 & 5 Charles St Joseph, mo.