

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Jackson  
Civil Dist. 9  
OR  
Village  
OR  
City Granville (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)Registration District No. 44407File No. 26Primary Registration District No. 44407

Registered No. \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Erner Wheeler

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)  
6 DATE OF BIRTH July 30 1907  
(Month) (Day) (Year)  
7 AGE 16 yrs. 9 mos. 13 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?8 OCCUPATION Farmers Boy  
(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed (or employer).9 BIRTHPLACE (State or country) Jackson Co10 NAME OF FATHER H. D. Wheeler11 BIRTHPLACE OF FATHER (State or country) Jackson Co12 MAIDEN NAME OF MOTHER Balar Blatt

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] Other Wheeler[Address] Bloomington15 Filed April 11 1924 Emma Wheeler REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 17 1924  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from April 13 1924 to April 19 1924 that I last saw him alive on April 17 1924 and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH\* was as follows:

Erysipelas 202Contributory A Slight Wound  
[Secondary] Nose (Duration) yrs. mos. ds.Signed H. D. Wheeler APR 17 1924 Address Bartley

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

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence19 PLACE OF BURIAL OR REMOVAL Wheeler Cemetery DATE OF BURIAL April 19 192420 UNDERTAKER Will Wheeler ADDRESS Granville

DO NOT TEAR OUT

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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. See instructions on back of certificate.