

PLACE OF DEATH
City of Vermillion

FUNERAL No. 7

Indiana State Board of Health

CERTIFICATE OF DEATH

21758

Registered No. _____

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

Residence of _____

Name of _____

or _____

of Clinton (No. 805, Walnut St.; _____ Ward)Health occurs away from
USUAL RESIDENCE
facts called for under
special information.]FULL NAME George H. Wheeler

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

Date White Married
SEX COLOR OR RACE SINGLE, MARRIED,
WIDOWED OR SEPARATED
(Show the date)Name of HUSBAND OR WIFE
Agnes M. WheelerDate of BIRTH
Nov. 10 - 1881Age 36 yrs. 8 months 4 days
if less than
1 day, hrs. or min.Occupation, profession, or
kind of work Electrician
Usual nature of industry,
firm, or establishment in
which employed (or employer) Coal minePlace raised
Indiana
Name of FATHER
Thomas S. WheelerPlace of birth
West Virginia
Name of MOTHER
David Della ClairPlace of birth
Kentucky
Is he true to the best of his knowledge
Name of FATHER
James WheelerAddress
Dugger Ind.
1918Date of DEATH
June - 14 - 1918I HEREBY CERTIFY, that I attended deceased from
April 1, 1918 to June 14, 1918
that I last saw deceased on June 5, 1918
and that death occurred, at the date stated above, at _____.The CAUSE OF DEATH was as follows:
Tuber culcers of
(Pulmonary)Contributory
(Secondary) _____(Signed) A. W. Warner, M.D.
6-14, 1918 (Address Clinton Ind.)Outside the DISEASE CAUSING DEATH, or in deaths from VIOLENCE (ARRESTED
(1) STRAITS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.LENGTH OF RESIDENCE (For Hospitals, Institutions, Tenements, or Rooms
RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the _____ yrs. _____ mos. _____ ds.
Where was disease contracted,
if not at place of death?
Former or Present Residence _____PLACE OF BURIAL OR REMOVAL
Shelburne Ind. DATE OF BURIAL
June 16, 1918
UNDERTAKER
Kelly & Brown WAS THE BODY
ENSALMED? yes