

WHEN THIS CARRIES THE RAISED SEAL OF THE STATE DEPARTMENT OF HEALTH IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

Lincoln, Nebraska AUG 16 1972

Issued _____

Jreda Sheis
DIRECTOR OF VITAL STATISTICS

| PERSONAL AND STATISTICAL PARTICULARS | | | MEDICAL CERTIFICATE OF DEATH | |
|--|--|---|--|--|
| 1 PLACE OF DEATH County <u>Clay</u> Township _____ Village _____ City <u>Edgemoor</u> (No. _____ St. _____ Ward _____) | | | Department of Commerce and Labor BUREAU OF THE CENSUS 1. STANDARD CERTIFICATE OF DEATH <u>W-453</u> State of Nebraska Registered No. <u>9071</u> | |
| 2 FULL NAME <u>Mary James Wheeland</u> | | | [If death occurred in a hospital or institution, give its NAME instead of street and number] | |
| 3 SEX <u>Female</u> | 4 COLOR OR RACE <u>white</u> | 5 Single, Married, Widowed, or Divorced (Write the word) <u>X</u> | 16 DATE OF DEATH <u>Nov 20</u> 191 <u>5</u> (Month) (Day) (Year) | |
| 6 DATE OF BIRTH <u>Oct 14</u> 18 <u>94</u> (Month) (Day) (Year) | | | 17 I HEREBY CERTIFY, That I attended deceased from 191 <u>5</u> to <u>Nov 20</u> 191 <u>5</u> that I last saw <u>her</u> alive on <u>Nov 1</u> 191 <u>5</u> and that death occurred, on the date stated above, at <u>7 A.</u> m. | |
| 7 AGE <u>71</u> yrs. <u>1</u> mos. <u>6</u> ds. <u>IF LESS</u> than 1 day, _____ hrs. or _____ min.? | | | The CAUSE OF DEATH* was as follows: <u>Cerebral acute dilatation</u> <u>found dead in bed.</u> (duration) _____ yrs. _____ mos. _____ ds. | |
| 8 OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ | | | Contributory (Secondary) <u>found security</u> (duration) _____ yrs. _____ mos. _____ ds. | |
| 9 BIRTHPLACE (State or country) <u>Noss Co Ohio</u> | | | (Signed) <u>J. J. Stewart</u> M. D. <u>Nov 22</u> 191 <u>5</u> (Address) <u>Edgemoor, Neb.</u> | |
| PARENTS | 10 NAME OF FATHER <u>Jesse James</u> | | * State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. | |
| | 11 BIRTHPLACE OF FATHER (State or country) _____ | | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. | |
| | 12 MAIDEN NAME OF MOTHER _____ | | Where was disease contracted, if not at place of death? _____ Former or usual residence _____ | |
| 13 BIRTHPLACE OF MOTHER (State or country) _____ | | | 19 PLACE OF BURIAL <u>Edgemoor Cemetery</u> DATE OF BURIAL <u>Nov 23 1915</u> | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Wm. J. J. Stewart</u> (Address) <u>Edgemoor, Neb.</u> | | | 20 UNDER TAKER <u>Edgemoor</u> ADDRESS <u>Edgemoor</u> | |
| 15 Filed <u>11-20</u> 191 <u>5</u> <u>J. J. Stewart</u> REGISTRAR | | | | |

ON BACK OF CERTIFICATE.