

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  
 Issued AUG 16 1972

*Freda Shaw*  
 DIRECTOR OF VITAL STATISTICS

PLACE OF DEATH		STATE OF NEBRASKA	
COUNTY OF <u>Clay</u>		CERTIFICATE OF DEATH.	
TOWNSHIP OF <u>Edgar</u>	REGISTER NO. <u>2936</u>	[If death occurred in a Hospital or Institution give its Name instead of street and number]	
VILLAGE OF			
CITY OF <u>Edgar</u> [No _____ Ward] _____			
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]		FULL NAME <u>Frederic Wheeland</u> <u>W-453</u>	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR <u>White</u>	DATE OF DEATH <u>April 28</u> 190 <u>5</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>July 17</u> 18 <u>87</u> (Month) (Day) (Year)		I HEREBY CERTIFY, That I attended deceased from <u>April 22</u> 190 <u>5</u> to <u>Apr. 27</u> 190 <u>5</u> that I last saw him <u>alive on April 27</u> 190 <u>5</u> and that death occurred, on the date stated above, at <u>3:10 a.m.</u>	
AGE <u>68</u> years, <u>2</u> months, <u>11</u> days,		M. The CAUSE OF DEATH was as follows: <u>Softening of the brain.</u>	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>		<u>He had been suffering for pain in his head for a year or more</u> (Duration) _____ Days	
BIRTHPLACE (State or country) <u>Chillicothe Ohio</u>		Signed <u>J. E. Lindstrom</u> M. D. <u>May 7, 1905</u> (Address) <u>Edgar, Neb.</u>	
NAME OF FATHER <u>Sam Wheeland</u>		SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residence	
BIRTHPLACE OF FATHER (State or Country) <u>Chillicothe Ohio</u>		Former or Usual Residence _____ How long at Place of Death? _____ Days	
MAIDEN NAME OF MOTHER <u>Margaret Overley</u>		Where was disease contracted, if not at place of death? _____	
BIRTHPLACE OF MOTHER (State or country) <u>Chillicothe</u>		PLACE OF BURIAL OR REMOVAL <u>Edgar Cemetery</u> DATE OF BURIAL <u>April 30, 1905</u>	
OCCUPATION <u>Farmer</u>		URDREGARER <u>J. E. Walcott</u> ADDRESS <u>Edgar Neb</u>	
The above stated personal particulars are true to the best of my knowledge and belief?			
(Informant) <u>Gey Wheeland</u>			
(Address) <u>Edgar, Neb.</u>			
FILED (To be filled at office of Secretary.)			
<u>Sept. 2, 1905</u> <u>Frances</u> Registrar			