. PLACE OF DEATH			20-0/CERTIFICA	2. USUAL RESIDENCE (Where de	ceased lived. If institution	: residence before	dmission)	بهنيد
e. COUNTY	Ta	rrant		4. STATE Texas	h. COU	NTY	A-24-53.	
b. CITY OR TOW		mits, give precinct no	c. LENGTH OF STAY	c. CITY OR TOWN(If outs		Iar:	rant	
Fort \			27 years					
d. NAME OF [If not in hospital, give street address] HOSPITAL OR			Fort Worth d. STREET ADDRESS (If rural, give location)					
HOSPITAL OR	D-O-A-	Harris	Hospital	3241 Wait				
. IS PLACE OF	DEATH INSIDE CIT	IY LIMITS?	HODDIVER.	. IS RESIDENCE INSIDE		F. IS RESIDENCE	ON A SABLE	·
		YESTX	No.			1	for constant	
. NAME OF	(a) First		NO []	(c) Last	NO 1	YES	<u> </u>	NOX
DECEASED (Type or print)	Edward						_	
SEX		R OR RACE	· 17.	Wheeler	9. AGE (in years last birthday)	5, 196	O FAR TIETRINE	D TA LIB!
Male		ite	Married Never Married		last birthday)	Months Days	Hours	Minutes
			Widowed	June 15, 188'	7 73	<u> </u>		1
ground work by Moth	ne use, even it refine	vdl (11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF	WAR THE PARTY	
ales Representative Carey Salt Co.			Michigan		Unit	ed Sta	tes	
				14. MOTHER'S MAIDEN NAME				
Edgar Wheeler 15. WAS DECEASED EVER IN U.S. ARMED FORCESS 16. SOCIAL SECURITY NO.				Unknown				
ins, no, or unknown)	(if yes, give war or	dates of senice)	16. SOCIAL SECURITY NO.	17. INFORMANT	, Pa		-	
No	1					_		
				X 10.60. V	That Em	an	20.00	
PART I. DEA	ATH (Enter only on	ne cause per line for	(a). [b]. and (c).]	1×10.6.1	hat Em	an	IRIENAL E	ETWEIN DEATH
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PART I, DEA	TH WAS CAUSED	ne cause per line for D BY: SEDIATE CAUSE (a)	(a). (b). and (c).)	Ocelus	That im	an	IRITANA	ITWEEN DEATH
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Conditions, if which gave rise above cause to stating the und	TH WAS CAUSED	D BY:	(a), (b), and (c).]	Beluse	That im	an	INTERVAL B OHSET AND	DIATH
Conditions, if which gave rise above cause (a	TH WAS CAUSED	DUE TO (b)	(a), [b], and (c).]	BELLUAR	That sm	an	INTERAL E	ITWEIN
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