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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28997

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 8580

City St. Louis Mo (No. 2347 Scott Ave St. ..... Ward)

2. FULL NAME Robert Wells

(a) Residence. No. 2347 Scott Ave St., 22 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 29/1911

7. AGE: 16 YEARS | MONTHS: 7 | DAYS: 23 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Drew
(STATE OR COUNTRY) Ark

PARENTS

10. NAME OF FATHER Ellis Wells
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known
12. MAIDEN NAME OF MOTHER Bertha West
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) East St Louis
(STATE OR COUNTRY) Ill.

14. INFORMANT Annis West.
(Address) 2347 Scott Ave

15. FILED SEP 26 1927 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-22- 1927

17. I HEREBY CERTIFY, That I attended deceased from May 20-27 ~~Se~~ ....., 19..., to Sept. 22 - 1927 that I last saw ~~he was~~ alive on 9-22-, 1927, and that death occurred, on the date stated above, at 11 50 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: acute Peritonitis

129 (duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cause could not be determined (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

8 1926

(Signed) J. W. Brown, M. D
, 19 (Address) 822 a N. Jefferson

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Silbourn Mo. DATE OF BURIAL: 9/27 1927

20. UNDERTAKER: Dunn Bros. ADDRESS 215 S. Jeff. ave