

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

Do not use this space.

1. PLACE OF DEATH

County Lancaster
Towship St. Joseph
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001

File No. 32764
Registered No. 1148
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 6401 Fryer St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie J. Wells

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 17, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 | 1 | 23

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

9. BIRTHPLACE (CITY OR TOWN) Good House
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Robert Wells

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Emily Baker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

14. INFORMANT Warren F. Wells
(Address) 6401 Fryer Ave

15. FILED 12 1927
REGISTRAR John G. Utz

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 10 1927

17. I HEREBY CERTIFY That I attended deceased from 6-8 1927 to 11-10 1927 that I last saw him alive on 11-10 1927 and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis
Parasymptomatic Nephritis
(duration) yrs. mos. da. unknown

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Chas. Zauson M. D.
(Address) 7101 1/2 Commoor

*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 F.O.O. Cemetery DATE OF BURIAL Nov 13 1927

20. UNDERTAKER Lord D. Clark ADDRESS 5025 K.H. Ave

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.

NOV 3 1927

