

EP 25 1928

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

Do not use this space.

27117

1. PLACE OF DEATH  
 County Holt Registration District No. 947 File No. 83  
 Township Minton Primary Registration District No. 5512 Registered No. 85  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Wells - Eldon Hurley  
 (a) Residence No. \_\_\_\_\_ 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) aug 15-28

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 5

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

9. BIRTHPLACE (CITY OR TOWN) Minton Mich.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Herman Wells

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

12. MAIDEN NAME OF MOTHER Rosa Duncan

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

14. INFORMANT (Address) Herman Wells  
Napier MO

15. FILED 8-20, 1928 J. J. Core REGISTRAR  
J. J. Core

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 1928

17. I HEREBY CERTIFY That I attended deceased from aug 15, 1928, to aug 20, 1928, that I last saw him alive on aug 16, 1928, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Premature birth  
12 1/2 lb

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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) F. H. Stegner, M. D.  
1928 Providence City MO

\*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 Bayd DATE OF BURIAL Aug 28 1928

20. UNDERTAKER Anna M Patterson Napier ADDRESS \_\_\_\_\_

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.

2