

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

Do not use this space.

33600

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township 2d Primary Registration District No. \_\_\_\_\_ Registered No. 4140  
 City Kansas City (in Kansas City Genl Hosp St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Wells, B. M.  
 (a) Residence. No. 3240 Agnes St., 14 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE of <u>Blanche Wells.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>3-26-1880</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>6</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Advertising</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Iowa

PARENTS	10. NAME OF FATHER <u>James M Wells</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Vermont</u>
	12. MAIDEN NAME OF MOTHER <u>Sarah Bedford</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Ohio</u>

14. INFORMANT Reverend Clerk  
 (Address) Kansas City Gen Hosp

15. FILED 10/11, 1928 M. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-11 1928  
 17. I HEREBY CERTIFY, That I attended deceased from 9-3, 1928, to 10-11, 1928  
 that I last saw him alive on 10-11, 1928, and that death occurred, on the date stated above, at 7:30 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Tuberculosis of the Lungs  
2 1/2 (duration) yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) 31  
 (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?  
 (Signed) P. G. Williams, M. D.  
10-11, 1928 (Address) Supvt Genl Hosp

\*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 St. Louis Mo. DATE OF BURIAL 10-13-28

20. UNDERTAKER A. H. Mack ADDRESS Kc Mo

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.

