

JAN 25 1929

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

Do not use this space.

41895

1. PLACE OF DEATH

County Madaway Registration District No. 623 File No. \_\_\_\_\_  
Township Washington Primary Registration District No. 2825 Registered No. 17  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Jacob Oliver Wells  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 25 - 1863  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
66 9 4

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

9. BIRTHPLACE (CITY OR TOWN) Madaway Co (STATE OR COUNTRY) MO.

10. NAME OF FATHER William Wells

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

12. MAIDEN NAME OF MOTHER Margoonitz Wells

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Julianna (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs. Margoonitz Wells (Address) Stanhorn, Mo. 12th

15. FILED 12/31, 1928 J. M. McLaughan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1928, to Dec. 29 1928, that I last saw him alive on Dec. 28 1928, and that death occurred, on the date stated above, at 9:35 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Valvular Heart Disease

CONTRIBUTOR (SECONDARY) [Signature] (duration) yrs. mos. da.

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  
12 (Signed) J. A. [Signature] M. D.  
12/29/28 (Address) Stanhorn, 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 Stanhorn, Mo. DATE OF BURIAL 12/31 1928

20. UNDERTAKER Laboy G. Phillips ADDRESS Stanhorn, 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.

By-Exchange.