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

Do not use this space.

1309

File No. .....
Registered No. 6

1. PLACE OF DEATH
County Howard,
Township .....
City Fayette, (No. ....., ... St. ..... Ward)

Registration District No. 378
Primary Registration District No. 4222

2. FULL NAME Hugh E, Wells,

(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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

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 #

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/II/1928

7. AGE # — YEARS ..... MONTHS 5 DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED #
(a) Trade, profession, or particular kind of work .....
(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) Missouri.

PARENTS

10. NAME OF FATHER Cliff Wells,

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

12. MAIDEN NAME OF MOTHER Emma Pulliam.

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

14. INFORMANT Cliff wells.
(Address) Fayette, Mo.

15. FILED 1-24, 1929 V. C. Bonham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) I/I7/29 19

17. I HEREBY CERTIFY, That I attended deceased from 1-2, 1929, to 1-17, 1929, that I last saw h. alive on 1-17, 1929, and that death occurred, on the date stated above, at 11:- p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
11 4
1 09 A
..... (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Influenza
..... (duration) ..... yrs. ..... mos. 8 ds.

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? Physical findings
(Signed) W. J. Bohan, M. D
, 19 (Address) Fayette, 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 Walnut Ridge, I/18/29 — DATE OF BURIAL 19

20. UNDERTAKER Guy T, Halley. — ADDRESS Fayette, 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.

FEB 22 1929
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