

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

Do not use this space.

25 1929

10447

1. PLACE OF DEATH

County Howard
Township Edwinton
City Glasgow (No.)

Registration District No. 379
Primary Registration District No. 3529

File No.
Registered No.
St. Ward

2. FULL NAME

Wellsworth B. Read

(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 20 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)

married

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

X Eva Read

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

3-2-1865

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>hrs.</u> or <u>min.</u>
<u>63</u>	<u>11</u>	<u>28</u>	

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)

Iowa

10. NAME OF FATHER

George Read

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Pa.

12. MAIDEN NAME OF MOTHER

Adeline Yost

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo.

14. INFORMANT

Mrs Eva Read
(Address) Sedalia Mo

15. FILED

3/4 1929 C.H. Temple
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

3-1-29 1929

17.

3-7-29 I HEREBY CERTIFY, That I attended deceased from an
....., 19....., to 19.....
that I last saw h..... alive on..... 19..... and that
death occurred, on the date stated above, at 2-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy

CONTRIBUTORY (SECONDARY)

7401

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

(3) DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Manner of death
(Signed) C.H. Temple, M. D.

3-2, 1929 (Address) Glasgow 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

Sedalia Mo

DATE OF BURIAL

3/3 1929

20. UNDERTAKER

Vandiver & Audsley Glasgow Mo

K. E.—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.

1
2
2
2

