

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

Do not use this space.

7575

APR 23 1930

**1. PLACE OF DEATH**

County Andrew, Registration District No. 16  
Township Rochester, Primary Registration District No. 5020  
City (No. 1 Mile South of Rochester, Mo. S. T. Ward)

File No. \_\_\_\_\_  
Registered No. 5

**2. FULL NAME** Nellie Maucel Wells Kinkade,

(a) Residence No. 1 N. So. of Rochester, Mo. Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 2 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan'y. 5th. 1891

|        |       |        |      |  |
|--------|-------|--------|------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|        | 39    | 2      | 11   |  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home,  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Andrew County,  
(STATE OR COUNTRY) Missouri,

10. NAME OF FATHER John Q. Wells,

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

12. MAIDEN NAME OF MOTHER Mary Wilkerson,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clinton Co.,  
(STATE OR COUNTRY) Ohio.

14. INFORMANT J. Q. Wells  
(Address) R.F.D.# 3, Helena, Mo.

15. FILED 3/17 1930 Mrs. Bettie Bogges  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16 19 30

17. I HEREBY CERTIFY, That I attended deceased from Aug. 20th, 1929, to March 16, 1930 that I last saw her alive on March 15, 1930, and that death occurred, on the date stated above, at 5:15 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
23A  
HA (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY Influenza (SECONDARY) (duration) \_\_\_\_\_ yrs. 2 mos. \_\_\_\_\_ 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? Plinical  
(Signed) Charles Kellent, M. D.

Mch 17. 19 30 (Address) Cosby, 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 Rochester, Missouri, DATE OF BURIAL Mch. 18 19 30

20. UNDERTAKER Frank A. Brown ADDRESS Savannah, 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.

