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

Do not use this space.

22410

1. PLACE OF DEATH
County Dent
Township Springcreek
City (No. St. Ward)
Registration District No. 268
Primary Registration District No. 5370
File No.
Registered No. 127

2. FULL NAME Cortelius J 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 8 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 Mary Wells

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 7 - 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
81	5	29	

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) (STATE OR COUNTRY) Shannon Co Mo

PARENTS
10. NAME OF FATHER Thomas Wells
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
12. MAIDEN NAME OF MOTHER Mary Jarvis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

14. INFORMANT Fred Wells
(Address) Salem Mo.

15. FILED 7/8, 1930 W. E. Rudd, M.D. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7 - 6 - 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw him alive on 7 - 5 -, 1930, and that death occurred, on the date stated above, at 6 - 0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Evidently apoplexy - as death was sudden & unexpected.
82A
97
106 (duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY) High blood pressure & arteria sclerosis (duration) several yrs. ....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? Previous History
(Signed) S. N. Downing, M. D.
, 19 (Address) Salem 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 Cedar Grove Cemetery
DATE OF BURIAL 7/8 1930

20. UNDERTAKER N. D. Holton
ADDRESS Salem 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.

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Aug 20 1930

...UNPADING INK—THIS IS A PERMANENT RECORD