

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.

NOV 21 1930

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

Do not use this space.

32121

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph, Mo.

Primary Registration District No. 1001

City St. Joseph, Mo.

No. 723 Warsaw

File No. _____

Registered No. 1046

St. _____ Ward

2. FULL NAME

Emily Francis Wells

(a) Residence. No. 723 Warsaw St., _____ Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

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

George W. Wells

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

Apr. 22, 1854

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 5 12

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)

Undated Co Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

John Thriftkill

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Udenown Ky

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Emily Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Udenown Ky

(STATE OR COUNTRY)

14. INFORMANT

George W. Wells

(Address)

St. Joseph, Mo.

15. FILED

John S. G. Registrar
1930

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

Oct. 4, 1930

17.

I HEREBY CERTIFY, That I attended deceased from 9:30 a.m. Oct 4, 1930, to _____, 19____, and that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

DATE OF _____

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Lawrence McCall, M.D.
194, 1930 (Address) St Joseph 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

Savannah Mo

DATE OF BURIAL

Oct 6 1930

20. UNDERTAKER

Fleeman Funeral Home

ADDRESS

1946 Bealham

