

MAR 24 1931

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

Do not use this space.

5308

1. PLACE OF DEATH

County Howard  
Township Boonslick  
City (No. ....) St. .... Ward

Registration District No. 379  
Primary Registration District No. 5525

File No. ....  
Registered No. 2

2. FULL NAME

James Donald 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) 6-19-1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
1 7 15

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) Howard County

10. NAME OF FATHER Dewey Wells

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

12. MAIDEN NAME OF MOTHER Annie Wells

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

14. INFORMANT (Address) Mrs Annie Wells  
Glasgow, Mo.

15. FILED 19 31 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-2 1931

17. I HEREBY CERTIFY, That I attended deceased from 1/20/31, 1931, to Feb 2, 1931, that I last saw him alive on Jan 31, 1931, and that death occurred, on the date stated above, at 9: A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

107th Bronchopneumonia  
107th (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) None (duration) 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? Clinical

(Signed) Carl C. Heger, M. D.

2/2, 1931 (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 Boonshoro DATE OF BURIAL 2-3 1931

20. UNDERTAKER Tony Hillen ADDRESS Glasgow, 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.

