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.

OCT 24 1931

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

Do not use this space.

31850

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township — Primary Registration District No. 3029 — Registered No. 237
City Hannibal (No. 801, Bird St. Ward)

2. FULL NAME Stephen Arnold Douglas Wells
(a) Residence, No. 801 Bird St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE~~ OF Emma Rebecca Wells

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1859

7. AGE: YEARS 71 — MONTHS 10 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Abstractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co., Illinois

FATHER
13. NAME Alisha Wells
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Kentucky

MOTHER
15. MAIDEN NAME Mary Jane Whiteside
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known not known

17. INFORMANT (ADDRESS) Mrs Emma R. Wells 1 wife 801 Bird St. Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bowling-Green Mo DATE Sept 3 1931

19. UNDERTAKER (ADDRESS) Wm M Smith 902 Bdwy, Hannibal Mo

20. FILED 9/2 1931 C Clousius Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 1931, to Sept 1 1931
I last saw him alive on Sept 1 1931. Death is said to have occurred on the date stated above, at 5:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Mental Derangement	Aug 30-31
97	
84	

Other contributory causes of importance: Arterial Sclerosis — Don't know

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) F. A. Roselle, M. D.
(Address) Hannibal Mo.