

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

Do not use this space.

350

1. PLACE OF DEATH

15 County Camden Registration District No. 120
Township Russell Primary Registration District No. 5572
City (Eugenia)

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

Mary Edgerly 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Walter Wells

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8th - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) Nov. 1929 11. Total time (years) spent in this occupation. 4 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena Ill 2

13. NAME Eric Nordlund

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 24

15. MAIDEN NAME Mary Nelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT Walter Wells (ADDRESS) Branch Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Northside Cemetery DATE Jan 6th 1932

19. UNDERTAKER Frank J. Myers (ADDRESS) Lumas Mo

20. FILED 1/6/32 1932 Dr. F. J. Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18th 1931, to Jan 4th 1932
I last saw her alive on Jan 4th 1932. Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 12/18/32
82A
J. J. W.

Other contributory causes of importance:
g

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 ①

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. J. Myers M. D.
(Address) Wackerly Creek, 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.

JAN 6 1932

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