

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

Do not use this space.

**4617**

**1. PLACE OF DEATH**

County Jackson Registration District No. 1000 File No. 4600  
 Township Kear Primary Registration District No. 1000 Registered No. 4600  
 City Kansas City (No. Kansas City Genl Hosp St.          Ward)         

**2. FULL NAME**

Maxine Wells  
 (a) Residence, No. 1110 Admiral St.,          Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **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)** April 20 1911

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
20 9 17

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Office Clerk 253  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** Wholesale Drug Co  
**10. Date deceased last worked at this occupation (month and year)** Dec 19 31 **11. Total time (years) spent in this occupation**         

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Superior Wisconsin 2

**13. NAME** Fred Wells

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Wisconsin

**15. MAIDEN NAME** Secretia Bradbrook

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Iowa

**17. INFORMANT (ADDRESS)** Record Clerk 126 Genl Hosp

**18. BURIAL, CREMATION OR REMOVAL** PLACE Maple Hill DATE Feb 5 1932

**19. UNDERTAKER (ADDRESS)** Simmons & Son P O 75

**20. FILED** 1/5 1932 M. M. Cooper  
and Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Feb 3 1932

**22. I HEREBY CERTIFY, That I attended deceased from** 1-24, 1932, to 2-3, 1932

I last saw her alive on 2-3, 1932 Death is said to have occurred on the date stated above, at 10:50 PM m.

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

Generalized Peritonitis following operation for chronic Salmonella (Bacteroides) 35A 139B

Other contributory causes of importance: Pulmonary Stenosis

25 Name of operation Sacrum Date of           
 What test confirmed diagnosis?          Was there an autopsy? Yes

**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 P & W Diseases  
 (Signed) P & W Diseases, M. D.  
 (Address) Subst & Genl Hosp & Clin

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.

