WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAY 23 1932

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

Do not use this space.

11753

File No. 27

Registered No.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 86

Township: Washington — Primary Registration District No.: 5127

City: St. Joseph (No. County Farm St. Ward)

2. FULL NAME: Rush L. Wells

(a) Residence, No. 822 West Cliff street 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Wells

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 28, 1862

7. AGE: Years 69 — Months 11 — Days 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Unknown Missouri 2

FATHER

13. NAME: ? Wells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown ***** Unknown 31

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mrs Mary E. Shettlesworth 822 West Cliff st St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~: Mt Olivet Cemetery

PLACE: St Joseph Mo. DATE: April 12, 1932

19. UNDERTAKER (ADDRESS): O. Bodenheder 1802 Union st St Joseph Mo.

20. FILED: Apr 12, 1932 J. Mans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from April first, 1932, to April 8, 1932

I last saw him alive on April 7, 1932. Death is said to have occurred on the date stated above, at ....m.

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

	Date of onset
Chronic Myocarditis	
9 7	9 8

Other contributory causes of importance: Arteriosclerosis (1)

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) J. H. Mays, M. D.

(Address) St Joseph Mo