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

Do not use this space.

19341

File No. ____
Registered No. 37

1. PLACE OF DEATH

45 County Howard. Registration District No. 378
Township Richmond. Primary Registration District No. 5-5-26
City ____ (No. ____, ____ St. ____ Ward)

2. FULL NAME Jacob Harvey 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.

JUL 23 2002

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male.		

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) II/19/1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
68		7	II	

8. OCCUPATION OF DECEASED Farmer
(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) Missouri

PARENTS

10. NAME OF FATHER Coleman Wells.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Arthur Bosgrove.
(Address) Fayette, Mo.

15. FILED 7/1, 1932 V. O. Bonham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/30/32 19

17. I HEREBY CERTIFY, That I attended deceased from June 22, 1932, to June 30, 1932 that I last saw him alive on 6-30, 1932, and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malignancy of face
52
52 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ____ (duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH ____
DID AN OPERATION PRECEDE DEATH? yes. DATE OF 1931
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) M. C. Shaw, M. D.
, 19 (Address) Fayette, 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 City Cemetary — DATE OF BURIAL 7/1/32 19

20. UNDERTAKER Guy T. Malley. Fayette — ADDRESS Mo.

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.