

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 1932

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

Do not use this space.

28631

1. PLACE OF DEATH
 13 County Adair Registration District No. 93
 Township Fairview Primary Registration District No. 5139
 City Brainerd (No. _____) St. _____ Ward _____
 2. FULL NAME John 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 3 yrs. X mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nancy Wells.</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 27 1844</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>87</u>	<u>8</u>	<u>22</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>Missouri</u>				
FATHER	13. NAME <u>David Wells</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Ellen Walker</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT (ADDRESS) <u>James Wells</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brainerd</u> DATE <u>Sept 21 1932</u>				
19. UNDERTAKER (ADDRESS) <u>B. J. Mead</u>				
20. FILED <u>Sept 21 1932</u> <u>H. H. Patterson</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1932
 22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1932 to Sept 19 1932
 I last saw him alive on Sept 15 32 Death is said to have occurred on the date stated above, at 1:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
General Arterio-Sclerosis
 Date of onset 9/5/32
 Other contributory causes of importance:
General Arterio-Sclerosis
Sclerosis
Brain to 1928
 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) C. L. Walsley, M. D.
 (Address) Brainerd Mo.

20
1932 - 7 - 419
1842 - 2 - 27

87-8-23-

1844 - 12 - 27
87 - 8 - 22