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

Do not use this space.

File No. 29102
Registered No. 62

1. PLACE OF DEATH
County Howard,
Township
City Fayette, (No. , St. Ward)

Registration District No. 378
Primary Registration District No. 4222

2. FULL NAME Dora E. Wells,

(a) Residence. No. (Usual place of abode) St., Ward. (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.

OCT 26 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female,
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 Oswell Wells, 1850

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/2nd 1850

7. AGE: Years 82; Months #; Days 14; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED House wife,
(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 Unknown,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) #
12. MAIDEN NAME OF MOTHER Unkinown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT J. E. Browning,
(Address) Fayette, Mo.

15. FILED Oct. 1, 1932 V. O. Bonham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/16/32 19

17. I HEREBY CERTIFY, That I attended deceased from 9-12, 1932, to 9-16, 1932, that I last saw her alive on 9-15, 1932, and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary occlusion
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Myocarditis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Ira Bloom, 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: Mackley Cemetary 9/17/32 — DATE OF BURIAL 19

20. UNDERTAKER: Guy T. Halley. Fayette, — ADDRESS Mo.