

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

Do not use this space.

1. PLACE OF DEATH

County Clark Registration District No. 190 File No. 31740
Township Union Primary Registration District No. 5265 Registered No. 114
City Robert (No. _____) Ward _____

2. FULL NAME

Joseph Wells Robert J 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eda J. Beaver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1858

7. AGE YEARS 74 MONTHS 8 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Clark Co. Missouri

13. NAME Joseph Wells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nelson Co. Kentucky

15. MAIDEN NAME Elizabeth Force

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oldham Co. Kentucky

17. INFORMANT Alice Wells (ADDRESS) Kahoka Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Balded Lane DATE Oct 20, 1938

19. UNDERTAKER Fred Kaskel (ADDRESS) Kahoka Mo.

20. FILED 10/20 1938 R. Bridges Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1938

22. I HEREBY CERTIFY that I attended deceased from 10/20/38 19____
I last saw deceased on 10/20/38 19____ Death is said to have occurred on the date stated above, at 9:45 AM.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset _____

93 J. H. A.

Other contributory causes of importance Heart Regeneration

Name of operation Inquest Date of 10/20/38
What test confirmed diagnosis? _____ Was there an autopsy? (5)

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. M. Cannell, Coroner M. D.
(Address) Clark Co. Mo. Kahoka

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. NOV 22 1938

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