

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

Do not use this space.

11826

APR 24 1933

1. PLACE OF DEATH

County St Charles Registration District No. 757
 Township _____ Primary Registration District No. 3036
 City St Charles (No. 525 Madison St. _____ Ward _____)

File No. _____

Registered No. 55

2. FULL NAME

Frances Luella Wells
 (a) Residence, No. 525 Madison St., _____ Ward. _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 - 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 10 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 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) W. Fallan Mo.

13. NAME Barton Wells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mary Kate Gans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Florence Price 525 Madison St

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Mar 22 1933

19. UNDERTAKER (ADDRESS) H. D. Williams & Sons 60 800 S. 7th St.

20. FILED 3/24 1933 J. Blackman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1930, to March 19 1933
 I last saw her alive on March 19 1933 Death is said to have occurred on the date stated above, at 2:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Myocarditis Chm
99
97
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis Physian 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) O. Beret Gossow M. D.
 (Address) 220 Clay St. St. Charles, 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.

RESERVED FOR BINDING

