

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.

JUN 20 1933

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

Do not use this space.

15605

**1. PLACE OF DEATH**

2 County Andrew Registration District No. 16  
 Township Rochester Primary Registration District No. 5020  
 City Helena Mo. (No. R.R. # 3) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 15

**2. FULL NAME**

Francis A. Wells  
 (a) Residence, No. 1 1/2 miles S.E. Rochester Mo. Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 84 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	4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
	<u>Male</u>	<u>white</u>	<u>widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida M. Wells</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 14 1849</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>84</u>	<u>1</u>	<u>27</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) <u>May, 1918</u>		11. Total time (years) spent in this occupation <u>49</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrew Co - Missouri</u>				
FATHER	13. NAME <u>James Wells</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Kentucky</u>			
MOTHER	15. MAIDEN NAME <u>Mary Phillips</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Kentucky</u>			
17. INFORMANT <u>Mrs. Frances Hull</u> (ADDRESS) <u>Helena Mo. R.R. # 3</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rochester Cemetery</u> DATE <u>May 13 1933</u>				
19. UNDERTAKER <u>Frank A. Bowman</u> (ADDRESS) <u>Savannah Mo.</u>				
20. FILED <u>May 12, 1933 Mrs. Bettie Boyers</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1933

22. I HEREBY CERTIFY, That I attended deceased from March 30 1933, to May 11 1933

I last saw him alive on May 11 1933 Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

Senility  
arterio sclerosis

Date of onset

unknown

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? yes

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.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) N. J. Potts per F.A.B., M. D.

(Address) Helena Mo.

