

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

Do not use this space.

38911

1. PLACE OF DEATH

County Vernon
Township
City Nevada Mo. (No. St. Ward)

Registration District No. 895
Primary Registration District No. 3039

File No.
Registered No. 242

2. FULL NAME Walter Scott Wells

(a) Residence, No. 307 West 7th St. Ward. Carthage Mo.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1857

7. AGE YEARS 76 MONTHS 4 DAYS 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Grocery
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) Brown County (STATE OR COUNTRY) Ohio

13. NAME Jacob Wells

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Charles M. Murting (ADDRESS) Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage, Mo. DATE Nov. 11 1933

19. UNDERTAKER Paul Murting (ADDRESS) Carthage, Mo.

20. FILED 11-20-1933 E. R. King Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov - 9 - 1933, to Nov - 9 - 1933
I last saw h deceased when I saw him Death is said to have occurred on the date stated above, at public place
The principal cause of death and related causes of importance were as follows:

Automobile accident
2106
210 M
1030
Other contributory causes of importance:
Probably shock

Name of operation none Date of ✓
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/11 1933
Where did injury occur: Near Nevada, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Auto accident

Manner of injury Probably internal hemorrhage
Nature of injury Probably internal hemorrhage

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) E. R. King, M. D.
(Address) Nevada, Mo.

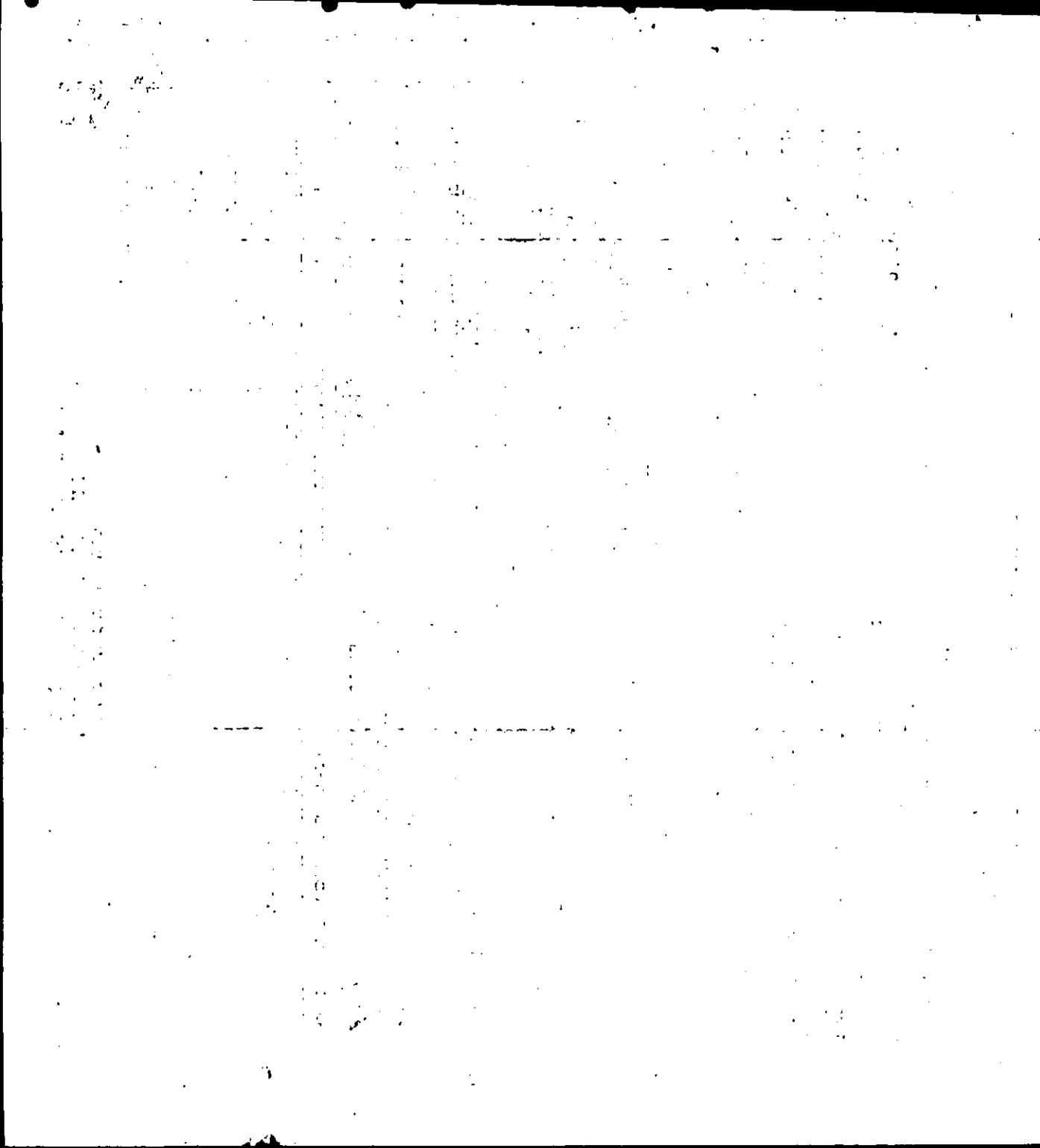
M.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Dr. Todd

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County *Union*

Registration District No. *875*

Township *Neuada*

Primary Registration District No. *3039*

City *Neuada* (No.)

File No.

Registered No. *242*

St. Ward

2. FULL NAME

Walter Scott 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *m* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *m*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 9 1933*

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

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.

Auto mobile accident Date of onset

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

On west side ditch, living in ... and ...
Other contributory causes of importance:
Choking the deceased & he died before I reached him

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

13. NAME

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

15. MAIDEN NAME

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *Accident* Date of injury *11/9/1933*
Where did injury occur? *near Neuada, Mo.*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury *Automobile accident*
Nature of injury *Chiefly Choking*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify

20. FILED 19 *Dr. C. R. King* Registrar

(Signed) *Dr. Todd* M. D.
(Address) *Neuada, Mo.*

SUPPLEMENTARY

S-38911