

MAR 24 1934

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

Do not use this space.

4347

File No. 52

Registered No.

St. Ward

1. PLACE OF DEATH

County ColeRegistration District No. 213

Township

Primary Registration District No. 3014City Jefferson (NE)

2. FULL NAME

(a) Residence No. Joseph Edward Wells St. Rte 1 Ward Meta 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. 4 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 Odie Jett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 - 1885

7. AGE YEARS 48 MONTHS 9 DAYS 10 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Meta Mo13. NAME Joe F Wells14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Catherine Barnett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Mrs J E Wells Meta Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Angyle DATE Feb 11 3419. UNDERTAKER (ADDRESS) Laura Jett20. FILED 2/19/34 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 193422. I HEREBY CERTIFY, That I attended deceased from 2-6, 1934, to 2-10, 1934I last saw him/her alive on 2-10, 1934 Death is saidto have occurred on the date stated above, at 50 m.

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

Chronic Endocarditis Date of onset 1-1-32
Chronic Pyelonephritis 7-1-23
Nephritis

Other contributory causes of importance: 31Name of operation 111B Date of 13

What test confirmed diagnosis? Was there an autopsy?

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? yes

If so, specify

(Signed) J. D. Gilman, M. D.(Address) Jefferson City Mo.

