

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County North
 Township Union
 City _____ (No. _____)

Registration District No. 904
 Primary Registration District No. 6215

File No. 15565
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
 (Usual place of abode)

St. _____ Ward _____

(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) Single

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

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

March 18-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 3

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

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

Harmon Co. Mo.

13. NAME

Raymond Wells

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

Laylor Co. Mo.

15. MAIDEN NAME

Laveney

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

Warren Co. Mo.

17. INFORMANT (ADDRESS)

Raymond Wells
Wagland Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wagland DATE April 22, 1934

19. UNDERTAKER (ADDRESS)

Long & Boyd
Sheldon Mo.

20. FILED

Apr 21, 1934 Mrs O.H. Bond

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Apr 1, 1934, to Apr 21, 1934

I last saw him alive on Apr 21, 1934 Death is said

to have occurred on the date stated above, at 9 a.m.

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

Peritonitis Date of onset _____

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