Dr. Roberts

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

FEB 27 1935

Do not use this space.

1. PLACE OF DEATH
County Pemiscot — Registration District No. 651 — File No. 36879-A
Township Pemiscot — Primary Registration District No. 5863 — Registered No. 16
City Steele (No. ..... St. ..... Ward)

2. FULL NAME James Odis Wells

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jan. 1, 1934

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

7. AGE About 1 YEARS — MONTHS 9 — DAYS 0 — If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION
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) Steele, Missouri

FATHER
13. NAME H. C. Wells
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphis Miss.

MOTHER
15. MAIDEN NAME Tecumseh Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cotton Plant, Ark.

17. INFORMANT (ADDRESS) H. C. Wells Steele, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holly Grove Cem DATE Oct. 27 1934

19. UNDERTAKER (ADDRESS) German Und. Company Steele, Missouri

20. FILED Feb. 6 1935 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1934, to Oct 26, 1934
I last saw him alive on Oct 26, 1934. Death is said to have occurred on the date stated above, at 3p m.
The principal cause of death and related causes of importance were as follows:

Colitis

119B 119b

Date of onset

Other contributory causes of importance:

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? No 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. None
Manner of injury None
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) B. G. Roberts, M. D.
(Address) Blytheville Ark.

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.

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 Pemiscot — Registration District No. 651 — File No. ...
Township ... — Primary Registration District No. 5863 — Registered No. 16
City ... (No. ... St. ... Ward)

2. FULL NAME James Odis Wells
(a) Residence, No. ... St., ... Ward. ... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1934

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	0	9	25	

OCCUPATION
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) ... (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) ... (STATE OR COUNTRY)

17. INFORMANT ... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ... DATE ... 19...

19. UNDERTAKER ... (ADDRESS)

20. FILED ... 19... Ada Martin *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...
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? ...
If so, specify ...
(Signed) ..., M. D.
(Address) ...

SUPPLEMENTARY

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.

FEB 28 1935

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