

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.

JAN 9 1935

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

Do not use this space.

43952

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Seaboard

Primary Registration District No. 3032

City Seaboard (No. 501 W 7th)

File No. 420 719

Registered No. 668

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 501 W 7th

St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 56 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

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Husband of Minnie Wells

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

Feb 15 - 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

79.

10

00

OCCUPATION

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

Machine.

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

Iron work

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)

Bradford England

13. NAME

Joseph Wells

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

Eng.

15. MAIDEN NAME

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

Eng.

17. INFORMANT (ADDRESS)

George Wells Jr
Seaboard Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Crown Hill

DATE

12-12-

194

19. UNDERTAKER (ADDRESS)

McLaughlin Bros

20. FILED

5-12-12-194

John Slack

Registrar.

1 MEDICAL CERTIFICATE OF DEATH

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

Dec. 15 . 19 34

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 13 . 1934 . to Dec. 15 . 1934

I last saw him alive on Dec 15 . 1934 Death is said

to have occurred on the date stated above, at 3 p. m.

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

Cancer of Stomach

Date of onset

Other contributory causes of importance:

Name of operation None

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? NO

If so, specify

(Signed)

W. H. Wheeler , M. D.

(Address)

Seaboard Mo

