

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

44022

1. PLACE OF DEATH

County Osage Registration District No. 689
 To St. Louis Primary Registration District No. 3033
 City Louisiana (No. 620 Maryland St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 620 md St., 2 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hayel Wells

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-25-81

7. AGE YEARS 53 MONTHS 8 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Calhoun Ga

13. NAME J. E. Wells

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

15. MAIDEN NAME Martin

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

17. INFORMANT (ADDRESS) John W. Wells

18. BURIAL, CREMATION, OR REMOVAL PLACE 12-10-34 Riverside

19. UNDERTAKER (ADDRESS) J. H. Haley Jr

20. FILED 12/10 J. H. Haley Jr Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/28 to 12-9 1934

I last saw him alive on 12-8-1934 Death is said to have occurred on the date stated above, at 12 m.

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

Lobar pneumonia about 2 1/2 weeks

Other contributory causes of importance: 108 1/10

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) J. M. Pearson M. D.
 (Address) Louisiana Mo

