

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.

10044

JAN 22 1935

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

Do not use this space.

1. PLACE OF DEATH

County SCOTT Registration District No. 816 File No. 45476  
Township        Primary Registration District No. 44921 Registered No. 29  
City CHAFFEE (No.       ) St.        Ward       

2. FULL NAME JOHN C. WELLS

(a) Residence, No. CHAFFEE St.        Ward         
(Usual place of abode)  
Length of residence in city or town where death occurred 0 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>      </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-26-1885</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>8</u>
	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>COOK</u> <u>46E</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>RESTAURANT</u> <u>82</u>	
	10. Date deceased last worked at this occupation (month and year) <u>10-11-31</u>	11. Total time (years) spent in this occupation <u>11F</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OSCODA, MICH.</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>N. M. Beldene</u> (ADDRESS) <u>Chaffee Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Park Cemetery</u> DATE <u>12-24</u> 19 <u>34</u>		
19. UNDERTAKER <u>Bispinghoff &amp; Neff</u> (ADDRESS) <u>Chaffee</u>		
20. FILED <u>12/24</u> 19 <u>34</u> <u>W. J. Turner</u> Registrar.		

7 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1934 to Dec 24 1934  
I last saw him alive on Dec 23 1934. Death is said to have occurred on the date stated above, at 9 am.  
The principal cause of death and related causes of importance were as follows:  
Influenza - Bronchitis  
Pneumonia  
Malnutrition - Cachexia  
Probable Malignancy of liver  
Other contributory causes of importance:  
Emphysema 4 years  
Chron Cardiac Valve Disease  
5 years Mitral Stenosis - Sclerosis  
Chronic  
Name of operation none Date of no  
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?        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. J. Turner, M. D.  
(Address) Chaffee Mo

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THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY

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