

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

Do not use this space.

MAR 26 1935

5788

1. PLACE OF DEATH

County Waynes
Township Wells
City Wells (No. _____)

Registration District No. 417
Primary Registration District No. 3021

File No. _____
Registered No. 15 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 1610 N. E. 11th 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 9 1851</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>2</u>
	DAYS <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>at home</u>
	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)	<u>Comman, Massachusetts</u>	
FATHER	13. NAME	<u>Preston J. Jurgens</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Massachusetts</u>
MOTHER	15. MAIDEN NAME	<u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)	<u>Henry G. Gullledge, 1111 N. E. 11th, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Medow View</u>	DATE <u>Feb 4 1935</u>
19. UNDERTAKER (ADDRESS)	<u>Wells City Undertaking Co., Wells, Mo.</u>	
20. FILED	<u>2-4</u>	19 <u>35</u> <u>J. J. Orwig</u> Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1935

22. I HEREBY CERTIFY, that I attended deceased from Feb 1 1935 to Feb 3 1935. I last saw him alive on Feb 2 1935. Death is said to have occurred on the date stated above, at 4:21 m. The principal cause of death and related causes of importance were as follows:
Cardiac Insularmy as a result of the of fire words, stonily, perchout prop medical care

Other contributory causes of importance:
110

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. J. Orwig, M. D.
(Address) Wells, Mo.

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.

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

