

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

FEB 18 1936

527

1. PLACE OF DEATH

County Cass Registration District No. 148
 Township..... Primary Registration District No. 4082
 City Beltan (No. St. Ward)

File No.
 Registered No. 1

2. FULL NAME

William Henry Wells
 (a) Residence, No. St. 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Wells</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 25, 1866</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>2</u>	DAYS <u>10</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>Ret Merchant</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hardware Store</u>
	10. Date deceased last worked at this occupation (month and year) <u>July 1, 1935</u>
	11. Total time (years) spent in this occupation <u>20 yrs.</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Jackson Co. Missouri

13. NAME
John M. Wells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mason Co Kentucky

15. MAIDEN NAME
Catherine Rippeto

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

17. INFORMANT (ADDRESS)
Mrs. W. H. Wells Beltan, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Beltan, Mo DATE 1/7 1936

19. UNDERTAKER (ADDRESS)
E. K. George & Sons Beltan Mo

20. FILED 1-8 1936 R M Miller
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/5 1936

22. I HEREBY CERTIFY, That I attended deceased from July 26 1935 to Jan 5 1936
 I last saw him alive on Jan 5 1936. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Cardiomegaly of liver Date of onset 7-26-35

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) R M Miller, M. D.
 (Address) Beltan Mo

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.

