

APR 25 1936

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

Do not use this space.

1. PLACE OF DEATH

County Phillips
Township Newburg
City Newburg (No. St. Ward)

Registration District No. 674
Primary Registration District No. 4462

File No. 7156
Registered No. 3

2. FULL NAME

Letha Armilda Wells

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>None</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 20 1856</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>79</u>	<u>1</u>	<u>22</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>Housework</u>
	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) Dade Co. Mo13. NAME John Wells14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas15. MAIDEN NAME None Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tala17. INFORMANT Mrs F M Stewart
(ADDRESS) Home no18. BURIAL, CREMATION, OR REMOVAL
PLACE Home DATE 2-12 193619. UNDERTAKER L. J. Smith
(ADDRESS) 37 South20. FILED 27 1936 37 Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12 193622. I HEREBY CERTIFY, That I attended deceased from 2-3 1936 to 2-12 1936I last saw him alive on 2-12 1936 Death is said to have occurred on the date stated above, at 3:01 p.m.

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

Pneumonia

Date of onset

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) F M Stewart M. D.(Address) Newburg 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.

