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.

MAR 19 1936

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

Do not use this space.

11133

1. PLACE OF DEATH
County: Jackson — Registration District No.: 404 — File No.:
Township: Washington — Primary Registration District No.: 5555-8 — Registered No.: 14
City: Kansas City (No. 8009, Prospect St., Ward)

2. FULL NAME: John I. Wells
(a) Residence, No. 8009 Prospect 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rebecca Wells

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 30 — 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
68	1	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Construction Work
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): Warrensburg, Mo.

FATHER
13. NAME: Fielden A. Wells
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Mary Barnett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): James C. Wells, 6840 Chestnut

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Dayton, Mo. DATE: Mch 4, 1936

19. UNDERTAKER (ADDRESS): Wagner Funeral Home, 204 N. Linwood

20. FILED: 3-8-36 Mo Jos. T. Brennan, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 19..., to Mar 2, 1936
I last saw h... alive on Mar 2, 1936. Death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Clinical 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) L. C. Pinney, M. D.
(Address) 311 Argyle Bldg

[illegible]

V 1 [illegible]