

MAY 25 1936

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

Do not use this space.

16312

1. PLACE OF DEATH

County Pettis

Township Elk Fork

City Elk Fork (No.)

Registration District No. 664

Primary Registration District No. 5883

File No.

Registered No. 5

St. Ward

2. FULL NAME

Clinen R. Wells
(a) Residence, No. Elk Fork Community all his life
(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 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 Mrs Maggie Wells

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27-1869

7. AGE YEARS 66 MONTHS 3 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmen

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) Elk Fork (STATE OR COUNTRY) Mo

13. NAME Wm Francis Wells

14. BIRTHPLACE (CITY OR TOWN) Cooper Mo (STATE OR COUNTRY)

15. MAIDEN NAME Mary Francis Stenens

16. BIRTHPLACE (CITY OR TOWN) Cooper Mo (STATE OR COUNTRY)

17. INFORMANT Mrs Maggie Wells (ADDRESS) Green Ridge Mo

18. BURIAL CREMATION OR REMOVAL PLACE Green Ridge Mo DATE 4/19 1936

19. UNDERTAKER L. L. Ream (ADDRESS) Green Ridge Mo

20. FILED Apr 18 1936 W. R. Shulley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1936, to Apr 17 1936

I last saw him alive on Apr 10 1936 Death is said to have occurred on the date stated above, at 7:15 P.m.

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

Chronic Valvular disease of heart

Date of case Apr 17

Other contributory causes of importance: Chronic interstitial nephritis

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) H. A. Hite, M. D.

(Address) Green Ridge, Mo,

