

Oct 21 1936

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

Do not use this space.

30497

1. PLACE OF DEATH

County Franklin
Township Union
City Union (No. _____, St. _____ Ward _____)

Registration District No. 296
Primary Registration District No. 4150

File No. _____
Registered No. _____

2. FULL NAME Lee 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

MEDICAL CERTIFICATE OF DEATH

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. Emma Wells

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 75 MONTHS _____ DAYS ✓ If LESS than 1 day, _____ hrs. or _____ min.

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

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) _____

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME

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

17. INFORMANT Mrs. Emma Wells (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Potters Field DATE Aug. 15, 1936

19. UNDERTAKER Union Furn. Co. (Wm. H. Horn) (ADDRESS) Union, Mo.

20. FILED _____ 19 _____ Registrar _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1935, 19____, to Aug. 14, 1936

I last saw him alive on Aug. 14, 1936 Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Cardiovascular Renal disease

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

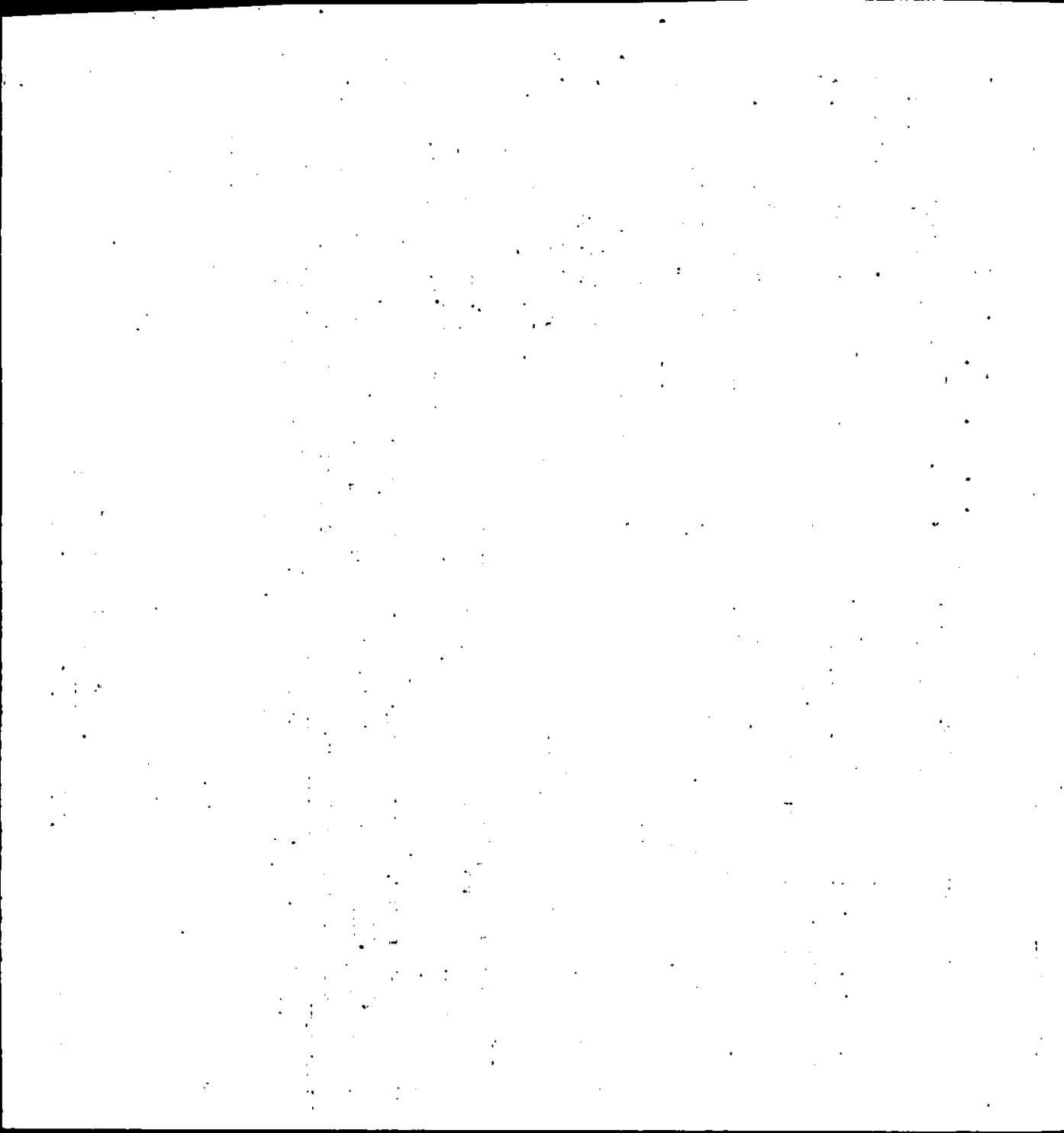
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) J. Marshall, M. D.
(Address) Union, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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NOV 27 1936

1. PLACE OF DEATH

County Franklin
Township _____
City Union (No. _____, _____ St. _____ Ward)

Registration District No. 296
Primary Registration District No. 180

File No. 30497
Registered No. _____

2. FULL NAME

Lee 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Emma Wells

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1 1862

7. AGE YEARS 74 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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) Unknown

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Emma Wells (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Walters Field DATE Aug 15, 1936

19. UNDERTAKER Union Furn. Co (Wm D. Wynn) (ADDRESS) _____

20. FILED Aug 16, 1936 J.P. Marshall M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 1935, to Aug 14, 1936

I last saw _____ alive on Aug 14, 1936. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Cardio - Vascular Renal Disease
Date of onset _____
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? _____
If so, specify _____

(Signed) J.P. Marshall M. D.
(Address) Union, Mo

S-30497