

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

from
and
DEC 30 1936

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

Do not use this space.

42370

1. PLACE OF DEATH

County St. Francis Registration District No. 1115
 Township Liberty Primary Registration District No. 6071
 City Rural (No. _____) St. _____ Ward _____

2. FULL NAME Charles 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 2 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>Anna Wells</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 10 - 1881</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>6</u>
	DAYS <u>28</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>Stone mason</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	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) <u>St. Francis County Mo.</u>		
FATHER	13. NAME <u>Eli Wells</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Genessee</u>	
MOTHER	15. MAIDEN NAME <u>Rachel Mayo</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>William Wells, 1720 Mississippi Ave. St. Louis Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Knobloch Mo.</u> DATE <u>Nov. 9 1936</u>		
19. UNDERTAKER (ADDRESS) <u>RICHARDSON FUNERAL HOME, Farmington Mo.</u>		
20. FILED <u>11/9</u> 19 <u>36</u> <u>G. A. Rydeen</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/3, 1936, to 11/8, 1936.
 I last saw ~~her~~ alive on 11/7, 1936. Death is said to have occurred on the date stated above, at 1 P.
 The principal cause of death and related causes of importance were as follows:
Cause of Life

Date of onset _____

Other contributory causes of importance:
Septic

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) Chas. C. Wentz, M. D.
 (Address) Farmington

