MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Greene
Township: Jackson
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 944
Primary Registration District No. 5447B

File No. 5978
Registered No. 2

2. FULL NAME: Zachariah P. 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

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 13 1869

7. AGE: Years 67 | Months 5 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
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): Webster Co Mo

FATHER
13. NAME: Albert Wells
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Ann Barnhart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Floyd Wells Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Pisgah DATE: Feb. 4, 1937

19. UNDERTAKER (ADDRESS): Jones Buffalo Missouri

20. FILED: Feb. 5, 1937 Clyde R. Anderson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1936, to Feb 2, 1937
I last saw him alive on Feb 2, 1937. Death is said to have occurred on the date stated above, at 1:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia (Pneumococcus)	2/1/37

Other contributory causes of importance:

Myocardial degeneration	12/20/36

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) S. H. Frost, M. D.
(Address) Springfield Mo.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.