MAR 24 1937

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

1. Do not use this space.

File No. 7697
Registered No. 14

1. PLACE OF DEATH
County: Pall
Township: Marion
City: Slagle (No. ..... St. ..... Ward)
Registration District No. 101
Primary Registration District No. 5930

2. FULL NAME Richard Andrew 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1878

7. AGE: Years 58 | Months 11 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Black Smith
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) Pitt co Mo

FATHER
13. NAME James Wells
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Rebecca Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Vane Wells (ADDRESS) Slagle Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Slagle Cemetery DATE Feb 9 1937

19. UNDERTAKER W. S. White (ADDRESS) Bolivar Missouri

20. FILED Feb 9 1937 J. P. Robert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1937 to Feb 7 1937
I last saw h., ~~was~~ alive on Feb 7 1937 Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Abscess
Non tuberculous
Cause unknown

Date of onset Jan 15

Other contributory causes of importance:
11487

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Jay Cutlerson, M. D.
(Address) Bolivar Mo

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.