APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County Boone — Registration District No. 7E — File No. 11146
Township — Primary Registration District No. 4046 — Registered No. 5
City Rochport (No. ..... St. ..... Ward)

2. FULL NAME Mangrum Jackson Wells
(a) Residence, No. Rochport St., ..... Ward Mo
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 10 1864
7. AGE: YEARS 72 — MONTHS 5 — DAYS 18 — If LESS than 1 day, ..... hrs. or ..... min.

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

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

MOTHER
15. MAIDEN NAME: Susan Bull
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Mrs Harry Rude Rochport Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Tibbets
PLACE Riverview Cem DATE Mar 29 1937
19. UNDERTAKER (ADDRESS): R O Willett
20. FILED 3-29 Mary M Engell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 28th 1937
22. I HEREBY CERTIFY, That I attended deceased from 3-26- 1937, to 3-28- 1937
I last saw him alive on 3-27- 1937. Death is said to have occurred on the date stated above, at 3 A.m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris. — Date of onset
Other contributory causes of importance:
Chronic Arteriosclerosis
Chronic Myocarditis
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) M E Engell, M. D.
(Address) Rochport 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.