

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.

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

Do not use this space.

MAY 31 1937

17480

## 1. PLACE OF DEATH

94 County St. Francis Registration District No. 779  
Township Randolph Primary Registration District No. 6024A  
City Camdwell (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Franklin E. Wells Sr.  
(a) Residence, No. Camdwell Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 70 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1850  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
87 7 13  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mason  
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) Missouri13. NAME Leri Wells14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know15. MAIDEN NAME Elsie North16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know17. INFORMANT Frank E. Wells Jr.  
(ADDRESS) Camdwell Missouri18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Francis DATE April 30, 193719. UNDERTAKER C. E. Bayer  
(ADDRESS) Desloge Missouri20. FILED 5-8 1937 W. T. Blackworth  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 28 - 193722. I HEREBY CERTIFY, That I attended deceased from 4-28 1937 to 4-28 1937I last saw him alive on 4-28 1937 Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Cerebral artery sclerosis Date of onset 1927Other contributory causes of importance: arteriosclerosis genName of operation none Date of \_\_\_\_\_What test confirmed diagnosis clinical Was there an autopsy? no23. 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) Harold Parke, M. D.  
(Address) Desloge Mo

