

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

Do not use this space.

JUN 16 1937

1. PLACE OF DEATH
 2 County Andrew Registration District No. 13 File No. 19300
 Township Nodaway Primary Registration District No. 5016 Registered No. _____
 City Savannah (No. 2) St. _____ Ward _____

2. FULL NAME Raymond Leon Wells
 (a) Residence, No. 1 Farm 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) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 23 - 1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Near Savannah Mo

FATHER
 13. NAME Mrs. L. Wells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co Mo

MOTHER
 15. MAIDEN NAME May L. Walters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mathena Kansas

17. INFORMANT (ADDRESS) Mrs. L. Wells Savannah Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE May 25 - 1937

19. UNDERTAKER (ADDRESS) J. Fred Terburne Savannah Mo

20. FILED May 25 1937 Mrs. A. R. King Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1937
 22. I HEREBY CERTIFY That I attended deceased from May 23 1937 to May 25 1937
 I last saw him alive on May 24 1937 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Premature birth
 Date of onset _____

Other contributory causes of importance: 159

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? No
 If so, specify _____
 (Signed) Walter C. Meyer M. D.
 (Address) Savannah

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.

Dr. Myers

