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.

JUN 24 1937

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

Do not use this space.

1. PLACE OF DEATH
76 County Montgomery — Registration District No. 5895 7 8 7 A — File No. 20739
Township Bear Creek — Primary Registration District No. 4347 — Registered No. 13
City Liege Mo (No. ..... 9 St. ..... Ward)

2. FULL NAME George Hammet Wells 1
(a) Residence, No. Liege St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 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 ~~[illegible]~~ Jane Wells

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1856 - 1 - 2

7. AGE: YEARS 81 — MONTHS 4 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Farming
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellflower Montgomery Co Mo

FATHER
13. NAME Friend Wells
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Martha Thistle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs Jane Wells Liege Mo

18. BURIAL, ~~CREMATION~~, ~~OR REMOVAL~~
PLACE Prices Branch DATE 6-3 1937

19. UNDERTAKER (ADDRESS) Aland A Jones Bellflower Mo

20. FILED June 3 1937 E. A. Bar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1937

22. I HEREBY CERTIFY That I attended deceased from Sept, 1936, to June 1, 1937
I last saw h. 1 M alive on May 29, 1937. Death is said to have occurred on the date stated above, at 6:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration Senility	May 27-37
Other contributory causes of importance:	
Paralysis Agitans	1932
Chronic Interstitial Nephritis	1927

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) Allen H. Van Arsdale M. D.
(Address) Bellflower, Mo.