

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

87 SEP 24 1937

1. PLACE OF BIRTH

County *Pike*
Township *Hartford*
City *(No)*

Registration District No. *690*
Primary Registration District No. *5918*

File No. *31501*
Registered No. *5*
St. _____ Ward _____

2. FULL NAME

Ralph Buford 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 <i>male</i>	4. COLOR OR RACE <i>colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>✓ X</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 9 - 1937</i>		
7. AGE YEARS <i>X</i>	MONTHS <i>2</i>	DAYS <i>2</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>X</i>		
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) <i>Pike Co. Mo.</i>		
13. NAME <i>Ralph B. Wells Jr.</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Pike Co.</i>		
15. MAIDEN NAME <i>Margaret E. Hester</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>		
17. INFORMANT <i>Ralph B. Wells</i> (ADDRESS) <i>1501 W. 15th St. Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL <i>Chapel Hill Cemetery 5-11-37</i>		
19. UNDERTAKER <i>Wm. B. Bond, head</i> (ADDRESS) <i>1300 W. 15th St. Mo.</i>		
20. FILED <i>Aug. 14, 1937</i> <i>O. R. W. Hetherington</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 10, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *June 9, 1937*, to *Aug. 10, 1937*
I last saw him alive on *Aug. 10, 1937* Death is said to have occurred on the date stated above, at *11:45 p.m.*
The principal cause of death and related causes of importance were as follows:

<i>Marasmus</i>	Date of onset <i>6-15</i>
	<i>37</i>
Other contributory causes of importance: <i>Diarrhea</i>	<i>8-3</i>
	<i>37</i>

Name of operation *none* 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 *1*
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No.*
If so, specify _____
(Signed) *Donald G. Hazard*, M. D.
(Address) *Colia, Missouri*

