

DEC 21 1937

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

Do not use this space.

41584

1. PLACE OF DEATH

County *Joseph*Registration District No. *411*Township *Patina*Primary Registration District No. *2002*City *Joseph*(No. *St. John's Hospital*)

File No.

Registered No.

St. Ward)

2. FULL NAME *Florence Wells*(a) Residence, No. *1109 Wisconsin* St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *5* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female*4. COLOR OR RACE *white*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 13*, 19*37*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Jess Wells*22. I HEREBY CERTIFY, That I attended deceased from *11-14* 19*37* to *11-14* 19*37*I last saw her *live on Nov. 14*, 19*37*. Death is said6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 28, 1876*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

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

Suicide by Carbolic acid Poison Date of onsetOther contributory causes of importance: *162*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Osage County, Mo.*13. NAME *Hopkins Bryan*Name of operation *none* Date of14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Penn.*What test confirmed diagnosis? Was there an autopsy? *Yes!*15. MAIDEN NAME *Sarah Waters*23. If death was due to external causes (violence), fill in also the following: accident, suicide, or homicide. *Suicide* Date of injury *11-13*, 19*37*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) *Howard Graham*

Manner of injury

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Andman Cem.* DATE *Nov. 16*, 19*37*19. UNDERTAKER (ADDRESS) *Frank Sivers Mortuary Joseph, Mo.*24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *A. F. Whiteaker Carver*, M. D.20. FILED *11-15-37* *Ed D. James* Registrar.(Address) *Joseph, Mo.*

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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.

