

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

1944
Do not use this space.

1. PLACE OF DEATH *Butler*
 (a) County *Butler* Registration District No. *50*
 (b) Township *Butler* Primary Registration District No. *3004* Registered No. *7*
 (c) City *Butler* (d) Street No. *East Butler* St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME *Mrs. Clara B. Wells* 420
 (a) Residence, No. *East Butler* St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *J. O. Wells*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 9th 1872*
 7. AGE YEARS *65* MONTHS *10* DAYS *30* If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*
 9. Industry or business in which work was done, as 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) *Butler Missouri*

FATHER 13. NAME *Daniel Sherman*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N. Y.*

MOTHER 15. MAIDEN NAME *Ruth Chase*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N. Y.*

17. INFORMANT (ADDRESS) *J. O. Wells Butler, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Hill* DATE *Jan 10 1938*

19. FUNERAL DIRECTOR (ADDRESS) *Butler, Mo.*

20. FILED *Jan 9 1938* *Wm. A. LeCubber, Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 8th 1938*
 22. I HEREBY CERTIFY that I stated deceased from *July 30 1937* to *Jan 8th 1938*
 I last saw him alive on *Sept 21 1937* Death is said to have occurred on the date stated above, at *10:4 a.m.*
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance: *hypertension heart disease Bright's disease*

Name of operation _____ Date of _____
 What test confirmed _____ Was there an autopsy? *no.*

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 home, or in public place.

Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify *Chas. A. Rush, Jr.* M. D.
 (Signed) *Butler, Mo.*
 (Address) _____

RECEIVED
FEB 21 1938
 BUREAU OF VITAL STATISTICS
 MO. STATE BOARD OF HEALTH

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

1944
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 50
(b) Township..... Primary Registration District No. 3004 Registered No. 7
(c) City Butler (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clara B. Wells

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 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)

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>65-</u>	<u>10</u>	<u>29</u>	

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

9. Industry or business in which work was done, as 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)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1937

22. I HEREBY CERTIFY That I attended deceased from to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the day stated above, at..... m.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Hypertensive heart disease
Bright's disease
Cholera

Name of operation Menigeo Inflammatory 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?

If so, specify

(Signed) Chas. W. Kunkle, Jr., M. D.

(Address) Butler Mo.

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.