

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.

REC'D APR 26 1938

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

Do not use this space.

11271

1. PLACE OF DEATH

County Tennessee  
Township  
City Marionville (No. ....)

Registration District No. 468  
Primary Registration District No. 3629

File No. ....  
Registered No. 6  
St. .... Ward)

2. FULL NAME Harold Wells 420

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 29 1916</u>		
7. AGE	YEARS <u>21</u>	MONTHS <u>11</u>
	DAYS <u>7</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Berry County, Mo.</u>		
FATHER	13. NAME <u>D. B. Wells</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Netta Merritt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Christian Co. Mo.</u>	
17. INFORMANT <u>Mr. D. B. Wells</u> (ADDRESS) <u>Marionville, R701</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marionville</u> DATE <u>Mar 7 38</u>		
19. UNDERTAKER <u>Bradford Funeral Home</u> (ADDRESS) <u>Marionville</u>		
20. FILED <u>April 10 1938</u> <u>Laura O. Connady</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27<sup>th</sup>, 1938, to Mar. 6<sup>th</sup>, 1938  
I last saw him alive on Mar 6<sup>th</sup>, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia

Other contributory causes of importance:  
10:0

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?.....  
If so, specify W. M. Heabner M. D.  
(Signed) Marionville Mo  
(Address)

