

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 27 1938

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

m-neil
Do not use this space.

11738

1. PLACE OF DEATH

County

Pettis

Registration District No.

668

Township

Sedalia

Primary Registration District No.

3632

City

(No.

1521 D. Main

File No.

9289

Registered No.

668

St.

Ward)

2. FULL NAME

Anna Bell Wells

420

(a) Residence, No.

416 E Walnut

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *50* yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

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

Henry John Wells

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept. 13 - 1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

57

5

27

OCCUPATION

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

House wife

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)

Ellsworth Kansas

13. NAME

John Shipper

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

Kentucky

15. MAIDEN NAME

Mary Phillips

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

Kentucky

17. INFORMANT (ADDRESS)

Henry John Wells Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

1938

Crown Hill

3-12-

1938

19. UNDERTAKER (ADDRESS)

Mc Laughlin Bros Sedalia

20. FILED

3-12-1938

Jean Slack Registrar

MEDICAL CERTIFICATE OF DEATH

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

Mar. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 10, 1936, to Mar. 10, 1938

First saw *her* alive on *Mar. 10, 1938* Death is said

to have occurred on the date stated above, at *11 P.* m.

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

Cerebral hemorrhage

Date of onset
Feb. 10, 1938

Other contributory causes of importance:

hypertension

June 1936

Name of operation

none

Date of

What test confirmed diagnosis:

Chorea Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *4* Date of injury *1938*

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? *4*

If so, specify

(Signed)

Chas. S. M. D.

(Address)

Sedalia, Mo.

