

DEC 8 1935

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

Do not use this space.

39850

1. PLACE OF DEATH

County Montgomery

Registration District No. 592

Township

Primary Registration District No. 4350

City Montgomery City Mo.

File No.

Registered No. 28

St. _____ Ward)

2. FULL NAME Miss Ellen 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 2 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 th 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Near Wuxton Mo

13. NAME W. T. Wells

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

15. MAIDEN NAME Mary Jane Adams

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

17. INFORMANT (ADDRESS) Mr. P. Henley Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cemetery DATE II/18/38

19. UNDERTAKER (ADDRESS) C. W. Hopkins Montgomery City Mo

20. FILED Nov. 18, 1938 Buell Mercier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) II/17/38

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1935 to Nov. 17, 1938

I last saw h. er. alive on Nov. 16, 1938 Death is said to have occurred on the date stated above, at 3:45 am

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

1. Diabetes
2. Arterio sclerosis
3. Arterial hypertension

Date of onset 1925

Other contributory causes of importance: 59

Name of operation _____ Date of _____
What test confirmed diagnosis? T. g. h. Was there an autopsy? N.O.

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? N.O.
If so, specify _____

(Signed) Buell Mercier, M. D.
(Address) Montgomery City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I hereby certify that the body whose name appears on the reverse side of this certificate was embalmed by me on the 17 th day of Nov 1938.

C. W. Hopkins

C. W. Hopkins

License No. 1487

Address Montgomery City Mo.