

REC'D JUN 14 1939

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

18163  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Butte Registration District No. 90  
 (b) Township 1st Dist Primary Registration District No. 0734A  
 or Gulien mo R1  
 (c) City Gulien mo R1 (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** WILLIAM ODELL 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 <u>ma</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs W.O. Wells</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 8, 1915</u>		
7. AGE	YEARS <u>24</u>	MONTHS <u>2</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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) <u>Gulien mo R1</u>		
FATHER	13. NAME <u>W.H. Wells</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pepla Bluff mo R1</u>	
MOTHER	15. MAIDEN NAME <u>Maudie Wilson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gulien mo</u>	
17. INFORMANT (ADDRESS) <u>W.H. Wells</u> <u>Gulien mo R1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gulien mo</u> DATE <u>5-16-39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Watkins</u> <u>Dexter mo</u>		
20. FILED <u>5-20-39</u> <u>Vera J. Smith</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 193922. I HEREBY CERTIFY, That I attended deceased from May 11, 1939, to May 15, 1939I last saw him alive on May 15, 1939. Death is said to have occurred on the date stated above, at 4:45 P.M.

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

Pulmonary tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? chest x-ray Was there an autopsy? no23. 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? no  
If so, specify \_\_\_\_\_(Signed) Wm. H. King, M. D.  
(Address) Pepla Bluff mo

(Licensed Embalmer's Statement on Reverse Side)

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Fred W. Nitzma*, Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Fred W. Nitzma*

Licensed Embalmer No. ....

*3711*

P. O. Address.....

*Wesley, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**