

REC'D JUL 17 1939

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

22931  
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668  
(b) Township 1 Primary Registration District No. 3032  
(c) City Sedalia (d) Street No. 120 E. Broadway 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 Elizabeth Lamb Wells

(a) Residence, No. 120 E. Broadway St.  (If nonresident, give city or town and State)

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 William T. Wells  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 31, 1871  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 5 21

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. At home  
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) Fayetteville Tenn

FATHER 13. NAME James B. Lamb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph, Tenn.

MOTHER 15. MAIDEN NAME Elizabeth Bomor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayetteville, Tenn.

17. INFORMANT William T. Wells  
(ADDRESS) Sedalia, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Fayetteville, Tenn DATE June 22 1939

19. FUNERAL DIRECTOR (NAME) Billespie Funeral Home  
(ADDRESS) Sedalia, Missouri

20. FILED 6-22-39 1939 Mrs Harry Smed  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1939

22. I HEREBY CERTIFY, That I attended deceased from 1925 to June 22 1939  
I last saw her alive on June 22 1939 Death is said to have occurred on the date stated above, at 3:40 a.m.

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

Uremia -

121

Date of onset  
June 17th  
1939.

Other contributory causes of importance:  
Chronic Nephritis (glomerular) 1926.  
Chronic Arteritis (Deformans) 1918-

Name of operation None Date of None  
What test confirmed diagnosis? Fundus Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury None 19None  
Where did injury occur? None  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify No  
(Signed) John Carlisle M.D. M. D.  
Sedalia Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

86  
2  
4

RECEIVED

District Health Officer No. 8  
District File Number  
Date Filed 7/3/39

**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, .....

*Geo. Stewart*

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Geo. Stewart*

Licensed Embalmer No. *3868*

P. O. Address *Sudakea MD*

**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.**