

REC'D JUL 14 1939

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

23347
Do not use this space.

1. PLACE OF DEATH

(a) County Galine Registration District No. 292
 (b) Township Wagon Road Primary Registration District No. 4473 Registered No. _____
 (c) City Wagon Road, Mo. (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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

WILBERT A. WELLS
 (a) Residence, No. Wagon Road, Mo. 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 Male 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 Ms. Clay Garrett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1858 - Aug 8
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 10 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret. Merchant
 9. Industry or business in which work was done, as saw mill, bank, etc. (Hardware Store)
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner Falls Kansas

FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Wilbert Wells - Son Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagon Road, Mo. DATE June 25, 1939

19. FUNERAL DIRECTOR (ADDRESS) J. H. Bussey 234 Wagon Road, Mo.

20. FILED July 1, 1939 K. Rawles Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1939
 22. I HEREBY CERTIFY, That I attended deceased from June 23, 1939 to June 23, 1939
 I last saw him alive on June 23, 1939 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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 X
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) P. R. Lawless, M. D.

(Address) Wagon Road

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.

1 X12004

RECEIVED
District Health Officer No. 8,
7/18/39
L. E. Number

STATEMENT BY LICENSED EMBALMER

I, J. Leslie Summey, Licensed Embalmer No. 3235
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E. No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. Leslie Summey
Licensed Embalmer No. 3235

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.)