

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.

FILED SEP 19 1940  
Bridge

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

Do not use this space.

1. PLACE OF DEATH

County Clark Registration District No. 190  
Township 0 Primary Registration District No. H113  
City Kahoka (No. 470) St. Ward

File No. 28256  
Registered No. 27

2. FULL NAME

Mattie Belle Standiford Wells  
(a) Residence, No. Kahoka Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, or min.  
77 5 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At 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) Clark Co. Missouri

13. NAME George Standiford

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

15. MAIDEN NAME Mildred Davis

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

17. INFORMANT (ADDRESS) Mrs. Francis Green  
Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ballou Cemetery DATE Aug 10 1940

19. UNDERTAKER (ADDRESS) Fred. H. H. H.  
Kahoka Mo.

20. FILED 8/10 1940 J. R. Bridges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8th, 1940

I HEREBY CERTIFY That I attended deceased from May 30, 1940, to death, 1940

I last saw him alive on Aug 8, 1940 Death is said

to have occurred on the date stated above, at 5:30 AM

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

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) J. R. Bridges M. D.

(Address) Kahoka Mo.

RECEIVED

District Health Officer No. 10

District File Number 9-40-1799

Date Filed SEP 18 1940