

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.

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

Do not use this space.

37223

1. PLACE OF DEATH
 County Monticau Registration District No. 071
 Townshp Walker Primary Registration District No. 4335
 City California (No. _____) St. _____ Ward _____
 Registered No. 62

2. FULL NAME Ernest Gray 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Edith Wells

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1902

7. AGE	YEARS <u>31</u>	MONTHS <u>0</u>	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmhand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) Aug 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Jennett Wells
 (STATE OR COUNTRY) Monticau Co. Mo

13. NAME Jennett Wells

14. BIRTHPLACE (CITY OR TOWN) Monticau Co
 (STATE OR COUNTRY) Mo

15. MAIDEN NAME Stella M. Hill

16. BIRTHPLACE (CITY OR TOWN) Monticau Co
 (STATE OR COUNTRY) Mo

17. INFORMANT Jas. Wells
 (ADDRESS) California, Mo

18. BURIAL, CREMATION OR REMOVAL
 PLACE Flag Springs DATE 11-5 1933

19. UNDERTAKER J. M. Malion
 (ADDRESS) California, Mo

20. FILED 11-5 1933 H. H. Poyay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1933, to Nov 3, 1933
 I last saw him alive on Nov 3, 1933 Death is said to have occurred on the date stated above, at 10:30 AM
 The principal cause of death and related causes of importance were as follows:
Acute Appendicitis Date of onset _____
11-3
12110
 Other contributory causes of importance:
General Peritonitis

Name of operation Pendectomy Date of 11-3-33
 What test confirmed diagnosis? Operation 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. L. Latham M. D.
 (Address) California, Mo

