

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

Do not use this space.

17473

1. PLACE OF DEATH

County Monteau
Township Leecher
City California

Registration District No. 571
Primary Registration District No. 4335

File No. _____
Registered No. 20
St. _____ Ward) _____

2. FULL NAME

Eula Grace Well

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 8, 1913</u>		
7. AGE YEARS <u>21</u>	MONTHS <u>3</u>	DAYS <u>16</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Monteau County
(STATE OR COUNTRY) Mo

13. NAME James Well

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

15. MAIDEN NAME Stella Bell

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

17. INFORMANT U. C. Berry
(ADDRESS) California

18. BURIAL, CREMATION OR REMOVAL
PLACE Flag Spring DATE May 26, 1934

19. UNDERTAKER Chapman and Son
(ADDRESS) California

20. FILED 5-26-34 H. R. Popejoy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-25-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1934 to May 24, 1934
I last saw her alive on May 20, 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Pelvic Abscess,
(Probably pyogenic)
Caused by infection,
139B
129
Other contributory causes of importance:
Colitis and general
peritonitis, 139B

Date of onset
Feb
17
34

Name of operation none Date of _____
What test confirmed diagnosis? examined 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____

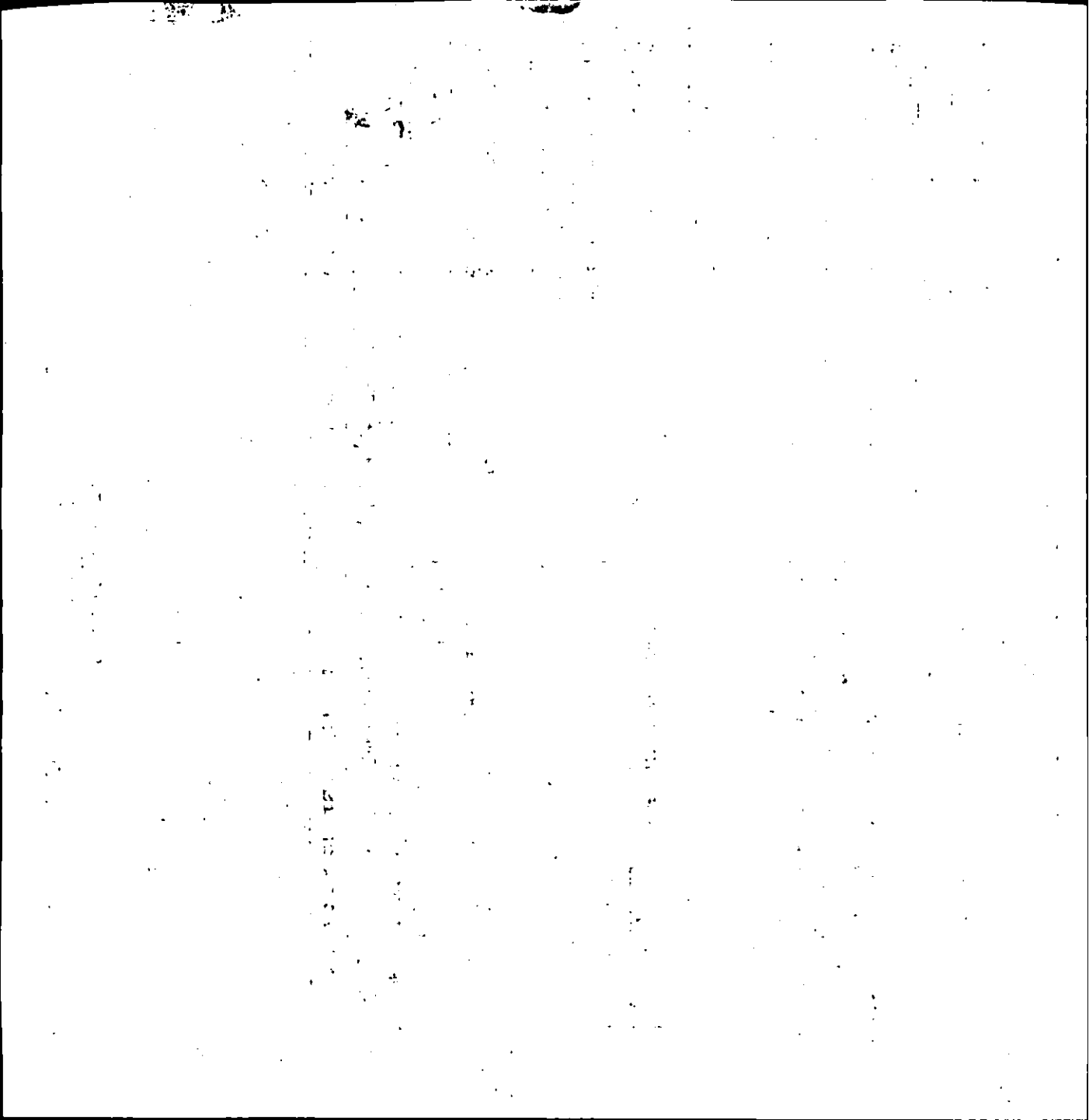
Where did injury occur? _____
(Specify city or town, county, and State)

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) R. P. Lathum, M. D.
(Address) California, Mo



FOR CERTIFICATES-UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Monetteau
Township California
City California (No.) St. Ward)

Registration District No. 571
Primary Registration District No. 4335

File No.
Registered No. 20

2. FULL NAME

Eula Grace Wells

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8 - 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 9 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from to 19..... Death is said to have occurred on the above, at m. The principal cause of death and related causes of importance were as follows:

Septic Abscess
from the abscess
13981
metritis and general peritonitis
Date of onset

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) M. D.
(Address)

Was this a
Puerperal Case? No

17. INFORMANT (ADDRESS) Sc

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 5-26-34 H. R. Popejoy Registrar

REGISTRARS SHAL

S-17473

RECEIVED
FEBRUARY 1953
U.S. AIR FORCE
OFFICE OF THE
DIRECTOR