JAN 28 1929

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

Do not use this space.

42045

1. PLACE OF DEATH
County Pike
Township Calumet
City Clarksville
Registration District No. 685
Primary Registration District No. 4469
File No. 19
Registered No. 31
(No. ..... St. ..... Ward)

2. FULL NAME Lucy Cummins 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) ~~WIFE OF~~ J. Henry Wells Jr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 3 - 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	3	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Paynesville
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER W. D. Cummins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Martha Ann Stewart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Mo

14. INFORMANT Geo S Wells
(Address)

15. FILED Jan 1, 1929 H W Treadway REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1928, to Dec 27, 1928, that I last saw her alive on Dec 27, 1928, and that death occurred, on the date stated above, at 1 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

11 (duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) Pleurisy

11 (duration) ..... yrs. ..... mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J E Barkhead, M. D
Dec 27 1928 (Address) Clarksville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clarksville Cemetary
DATE OF BURIAL Dec 31 1928

20. UNDERTAKER Harry Clarrow
ADDRESS Clarksville Mo

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.