

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

Do not use this space.

MAR 5 1935

791

6995

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 10003
 City St. Louis (No. ann rouse city hosp #2) St. _____ Ward _____

2. FULL NAME

Cornesh Wells
 (a) Residence, No. 919 W. 19th St., 21 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-4-1909

7. AGE YEARS 25 MONTHS 11 DAYS 2 IF LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) 1935 - Jan. 6 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sherbrooke

13. NAME Alex Wells

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

15. MAIDEN NAME Mina Patterson

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

17. INFORMANT (ADDRESS) Mina Fieldon 74 N. White

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATES Feb. 12 1935

19. UNDERTAKER (ADDRESS) Cunningham #2468 2934 E. Lamar St.

20. FILED Feb 9 1935 J.T. Bredech Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Chronic Myocarditis
Interstitial nephritis
anophis parotitis
old scars Amyloid
of kidneys & liver

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Harold Blair M. D.
 (Address) St. Louis

WRITE FAIRLY, 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.

2
2
2

Handwritten notes:
 hop physician in attendance
 Date of onset

