

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

Do not use this space.

1. PLACE OF DEATH
 County Buchanan

Registration District No. 85

File No. 35163

Township

Primary Registration District No. 1001

Registered No. 1059

City St. Joseph

(No. 4810 King Hill Ave.)

St. _____ Ward _____

2. FULL NAME Nora Wells

(a) Residence, No. 4810 King Hill Ave. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 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*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 10 23

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

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

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) Platte County Missouri

13. NAME John H. Wells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County Missouri

15. MAIDEN NAME Anna F. Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County Missouri

17. INFORMANT (ADDRESS) Mrs. Nettie Kyle 2810 Lovers Lane, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Bethel Cem. DATE Oct. 26, 1938

19. UNDERTAKER (ADDRESS) Clark Mortuary 5025 King Hill Ave.

20. FILED Oct 26 1938 A. J. Feilbuch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1936, to Oct 24, 1938

I last saw her alive on Oct 22, 1938. Death is said to have occurred on the date stated above, at 1:07 p.m.

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

Chronic Myocarditis

Date of onset 1936

Other contributory causes of importance:

Chronic Nephritis and Hypertension

about Aug 1937

Name of operation _____ Date of _____
 What test confirmed diagnosis? Microscopic 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? No

If so, specify _____ (Signed) H. A. Robertson, M. D.
 (Address) St. Joseph 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.

I, Earl A. Clark, Licensed Embalmer No. 3476, do hereby certify that the body named on the reverse side of this certificate was embalmed by myself.

Earl A. Clark

L. E. No. 3476