REC'D JUL 18 1939

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

2

Do not use this space.

22748

File No.

Registered No. 17

1. PLACE OF DEATH

70 County Montgomery Registration District No. 589

Township ~~Praise~~ Bear Creek Primary Registration District No. 2787 a

City Liege Mo. (No. , St. Ward)

2. FULL NAME 420 Mary Ruth Wells

(a) Residence, No. Liege Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9 -20 - 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	9	18	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co Mo.

FATHER

13. NAME Stoddard King Tippett. 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland. 1

MOTHER

15. MAIDEN NAME Rachel Wells 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia.

17. INFORMANT (ADDRESS) Roy Wells Liege Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Providance DATE July 10 1939

19. UNDERTAKER (ADDRESS) Oland Cy Jones Bellflower Mo

20. FILED July 10 1939 Mary Lou Fleiner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1939

22. I HEREBY CERTIFY That I attended deceased from July 1 1939 to July 8, 1939

I last saw her alive on July 6, 1939 Death is said to have occurred on the date stated above, at m.

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

Chronic Valvular Heart Disease (Mitral reg.) — Date of onset 7 yrs

Other contributory causes of importance: Arteriosclerosis — 7 yrs

Name of operation None Date of

What test confirmed diagnosis Clinical 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? No

If so, specify

(Signed) C. A. Markovich D.

(Address) Wellsville 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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