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.

FEB 13 1940

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

Do not use this space.

2228

1. PLACE OF DEATH
County Dent
Township Watkins
City 42 (No. ..... St. ..... Ward)
Registration District No. 266
Primary Registration District No. 5378
File No. .....
Registered No. 10

2. FULL NAME Lowell Edgar Wells
(a) Residence, No. Lake Springs 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/27 — 1940
7. AGE YEARS MONTHS DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY) Dent Co Mo.

FATHER
13. NAME Cecil Wells
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo.

MOTHER
15. MAIDEN NAME Ruby Aken
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo.

17. INFORMANT (ADDRESS) Roy Wells Jadwin Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Miner Cemetery DATE 1/30 1940
19. UNDERTAKER (ADDRESS) None
20. FILED Jan 30 1940 P. E. Huth M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1940
22. I HEREBY CERTIFY, That I attended deceased from ✓, 19..., to ✓, 19...
I last saw h ✓ alive on ✓, 19✓ Death is said to have occurred on the date stated above, at 5:30 P m.
The principal cause of death and related causes of importance were as follows:
Premature

Date of onset

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? Usual Sign 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) W. G. Dillon Coroner M. D.
(Address) Salem Mo

RECEIVED
District Health Officer No. 5,
District File Number 240/73
Date Filed 2 7 80