

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

17773
 Do not use this space.

1. PLACE OF DEATH

(a) County Andrew ² Registration District No. 13
 (b) Township Madaway ⁰ Primary Registration District No. 5016 Registered No. 20
 (c) City Savannah (Rural) (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Savannah (Rural) St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Wells</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-6-1879</u>			
7. AGE YEARS <u>67</u>	MONTHS <u>2</u>	DAYS <u>8</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		
	9. Industry or business in which work was done, as 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) <u>Buchanan Co Mo</u>			
FATHER	13. NAME <u>William Wells</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
MOTHER	15. MAIDEN NAME <u>Minerva Jane Purdy</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
17. INFORMANT <u>Dasil Wells</u> (ADDRESS) <u>Savannah Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Savannah</u> DATE <u>May - 16 - 1940</u>			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Steed Arthur</u> <u>Savannah Mo</u>			
20. FILED <u>May 15 1940</u> <u>Mrs. Jennie Rash</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1940

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1940, to May 14, 1940
 I last saw him alive on May 13, 1940. Death is said to have occurred on the date stated above, at 4-15 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage May 11
hypertension

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Albert B. Kelley
934 Savannah 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

RECEIVED

District Health Officer No. 111

District File Number 640-847

Date Filed JUN 10 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

J. Fred Terhune, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed J. Fred Terhune

Licensed Embalmer No. 1279

P. O. Address Savannah Ga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.