

SEP 5 1940

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

Do not use this space.

27583

3217

1. PLACE OF DEATH

County Jackson

Registration District No. 599

Township

Primary Registration District No. 1002

City Kansas City (No. Vineyard Park Woods)

File No.

Registered No.

St. _____ Ward _____

2. FULL NAME Velve May Wells

(a) Residence, No. Osage City Kansas 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1940

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1940 to Aug 13, 1940

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1909

I last saw her alive on Aug 13, 1940 Death is said to have occurred on the date stated above, at 2:30 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1
31 2 13 days hrs. min.

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

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

Rate Appendicitis 8-6-40

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
Gallstones & Hepatitis 8-1-40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockham, Nebr.

13. NAME Joseph Hedges

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glenco Iowa

Name of operation L. F. Hedges Date of 8-5-40
What test confirmed diagnosis? Opium Was there an autopsy? Yes

15. MAIDEN NAME Ida May Druba

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockham, Nebr.

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.

17. INFORMANT Father - Joseph Hedges (ADDRESS) Osage City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Osage City, Kansas DATE Aug 14, 1940

19. UNDERTAKER R. A. Fulton (ADDRESS) Rehoboth

20. FILED Aug. 14, 1940 M. M. Crove Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. E. Helder M. D.
(Address) 922 Walnut N.C. 110.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 3 1959