

SEP 24 1930

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

Do not use this space.

26286

1. PLACE OF DEATH

County Dekalb
Township Washington
City (No. _____) _____

Registration District No. 258
Primary Registration District No. 6360A

File No. _____
Registered No. 0
St. _____ Ward _____

2. FULL NAME Huston Ray Welsh

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

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>XX</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>XX</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 9/30</u>		
7. AGE YEARS	MONTHS	DAYS
		IF LESS than 1 day, _____ hrs. or _____ min. <u>10</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work		<u>XX</u>
(b) General nature of industry, business, or establishment in which employed (or employer)		<u>XX</u>
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dekalb Co., Mo.

PARENTS	10. NAME OF FATHER <u>George Huston Welsh</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Dekalb Co. Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Iola May Reynolds</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Dekalb Co., Mo.</u>

14. INFORMANT Mrs George Welsh
(Address) Clarksdale, Mo.

15. FILED Aug 20 1930 C.M. Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-20 1930
17. I HEREBY CERTIFY, That I attended deceased from 8/19, 1930, to 8-17, 1930, that I last saw him alive on 8-17, 1930, and that death occurred, on the date stated above, at 12:15 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chasme of heart of Gall

15 1/2 (duration) yrs. mos. 11 ds.
15 1/2

CONTRIBUTORY Premature birth, about 3 wks. (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mo. Mo.
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Oscar L. Perkins, M. D.

8/20 . 1930 (Address) Clarksdale, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Clarksdale Cemetery 8/20/30 19

20. UNDERTAKER ADDRESS
C.M. Davis, Clarksdale, Mo.

