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

PLACE OF DEATH,
County Bollinger
Township Hurricane
or
Village
or
City (NO. St.; Ward)

Registration District No. 67 File No. 26827
Primary Registration District No. 5106 Registered No. 13

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Bertha Adeline Welker

PERSONAL AND STATISTICAL PARTICULARS

SEX F
COLOR OR RACE White
SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Single

DATE OF BIRTH
March 6, 1895
(Month) (Day) (Year)

AGE
20 yrs. 1 mos. 2 ds.
If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(City or town, State or foreign country) Bollinger co Mo

PARENTS

NAME OF FATHER Rev. Wm. Welker
BIRTHPLACE OF FATHER (City or town, State or foreign country) Bollinger co mo
MAIDEN NAME OF MOTHER Sarah C. Masters
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Hurricane mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. A. Welker
(ADDRESS) Scopus Mo

Filed Sept 28 1915 C A Sanders REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June, 1913, to Apr 25, 1913, that I last saw her alive on Mar 20, 1913, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary
23A tuberculosis

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) H. L. O'Kelley M. D.
4/29, 1913 (Address) Patton, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

PLACE OF BURIAL OR REMOVAL Bess. Cem. Hurricane Mo
DATE OF BURIAL April 26 1913
UNDERTAKER Adam Luter
ADDRESS Lutesville Mo.

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. INFORMATION called for under CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

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

Revised United States Standard Certificate

County_____

Township _____ Registration District No._____ File No._____

or

Village_____ Primary Registration District No._____ Registered No._____

or

City _____(NO._____, _____St.;_____Ward) [If death occurr hospital or ins give its NAME of street and num

FULL NAME_____

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

_____, *I*_____
(Month) (Day) (Year)

AGE

_____yrs._____mos._____ds.

If LESS than 1 day,_____hrs. or_____min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)_____

(ADDRESS)_____

Filed _____, 191_____, _____
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

_____,
(Month) (Day)

I HEREBY CERTIFY, that I attended deceased

_____, 191_____, to_____, 19

that I last saw h_____alive on_____, 19

and that death occurred, on the date stated above, at_____

The CAUSE OF DEATH* was as follows:

_____

_____

_____

_____(Duration)_____yrs._____mos._____

Contributory_____
(SECONDARY)

_____(Duration)_____yrs._____mos._____

(Signed)_____

_____, 191_____ (Address)_____

*State the Disease Causing Death, or, in deaths from Violent Causes (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN RECENT RESIDENTS)

At place of death_____yrs._____mos._____ds. In the State_____yrs._____mos._____

Where was disease contracted if not at place of death? _____

Former or usual residence_____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
UNDERTAKER	ADDRESS