

## 1 PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHCounty LawrenceTownship VineyardRegistration District No. 472File No. 32316Village St. Louis City Mo.Primary Registration District No. 5636

Registered No. \_\_\_\_\_

City St. Louis City Mo. (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

2 FULL NAME Martin Harrison Welch

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)6 DATE OF BIRTH May 20 1839  
(Month) (Day) (Year)7 AGE 78 yrs. 3 mos. 5 ds. If LESS than 1 day, .... hrs. or .... min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Lawyer  
(b) General nature of industry business, or establishment in which employed (or employer)9 BIRTHPLACE  
(City or town, State or foreign country) West Virginia10 NAME OF FATHER James W. Welch11 BIRTHPLACE OF FATHER  
(City or town, State or foreign country) West Va.12 MAIDEN NAME OF MOTHER Jane Farmer13 BIRTHPLACE OF MOTHER  
(City or town, State or foreign country) West Va.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Anna S. Welch  
(Address) St. Louis City Mo.15 Filed Sept 9 1917 John Christian  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 8 1917  
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from Jan. 1917, to Sept 8 1917, that I last saw him alive on Sept 6 1917, and that death occurred, on the date stated above, at 2:30 p.m.The CAUSE OF DEATH\* was as follows:  
Endocarditis  
911  
(Duration) 9 mos. 2 ds.CONTRIBUTORY  
(Secondary)(Signed) B. B. Harkins M. D.  
Sept 8 1917 (Address) St. Louis City Mo.

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

18 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. \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL East View DATE OF BURIAL Sept 9th 191720 UNDERTAKER Beck Bros ADDRESS St. Louis City Mo.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association.]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

County Laveracue Registration District No. 472 File No. ....  
 Township Vineyard or ..... Primary Registration District No. 5636 Registered No. ....  
 Village or ..... City (NO. .... St. .... Ward) .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Martin V. Welsh

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED M  
 (Write the word)

6 DATE OF BIRTH ..... 1 .....  
 (Month) (Day) (Year)

7 AGE .....  
 yrs. .... mos. .... da. If LESS than 1 day, .... hrs. or .... min.?

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

9 BIRTHPLACE  
 (City or town, State or foreign country) .....

10 NAME OF FATHER .....

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

12 MAIDEN NAME OF MOTHER .....

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) .....  
 (Address) .....

15 Filed Sept 9th 1917 Jay Clayton  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 8 1917  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from ..... 191..... to ..... 191.....  
 that I last saw him alive on ..... 191.....  
 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH\* was as follows:

Endocarditis acute

X 78  
 (Duration) ..... yrs. 2 mos. 20 da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. .... mos. .... da.

(Signed) E. C. Hall, M.D. M. D.  
Nov 9th 1917 (Address) St. Charles, N. C.

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... da.

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

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL ..... DATE OF BURIAL ..... 191.....

20 UNDERTAKER ..... ADDRESS .....

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples; (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite);

32319  
Tuberculosis of lungs, meninges, peritonaeum, etc.,  
Carcinoma, Sarcoma, etc. of ..... (name  
origin; "Cancer" is less definite; avoid use of "Tumor"  
for malignant neoplasms); *Measles*; *Whooping cough*;  
*Chronic valvular heart disease*; *Chronic interstitial  
nephritis*, etc. The contributory (secondary or inter-  
current) affection need not be stated unless important.  
Example: *Measles* (disease causing death), 29ds.;  
*Bronchopneumonia* (secondary), 10 ds. Never report  
mere symptoms or terminal conditions, such as  
"Asthenia," "Anaemia" (merely symptomatic), "Atro-  
phy," "Collapse," "Coma," "Convulsions," "De-  
bility" ("Congenital," "Senile," etc.), "Dropsy,"  
"Exhaustion," "Heart failure," "Haemorrhage,"  
"Inanition," "Marasmus," "Old age," "Shock,"  
"Uraemia," "Weakness," etc., when a definite dis-  
ease can be ascertained as the cause. Always qualify  
all diseases resulting from childbirth or miscarriage,  
as "PUERPERAL septicaemia," "PUERPERAL perito-  
nitis," etc. State cause for which surgical operation  
was undertaken. For VIOLENT DEATHS state MEANS  
OF INJURY and qualify as ACCIDENTAL, SUICIDAL OR  
HOMICIDAL, or as *probably* such, if impossible to de-  
termine definitely. Examples: *Accidental drowning*;  
*Struck by railway train—accident*; *Revolver wound of  
head—homicide*; *Poisoned by carbolic acid—probably  
suicide*. The nature of the injury, as fracture of  
skull, and consequences (e. g., *sepsis*, *tetanus*) may be  
stated under the head of "Contributory." (Recom-  
mendations on statement of cause of death approved  
by Committee on Nomenclature of the American  
Medical Association.)