

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kanaw Primary Registration District No. 1002  
 City Kansas City (St. Joseph Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 5185  
 Registered No. 857  
 \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William John Welsh  
 (a) Residence, No. 1026 Norton St., \_\_\_\_\_ Wd.  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 1 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Mrs. Mary Jane Welsh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
71 | 8 | 9

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Contractor  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ambon  
 (STATE OR COUNTRY) Ontario, Canada

10. NAME OF FATHER William Welsh

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dobru, Danubian  
 (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Mary Thomas  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Dunstons  
 (STATE OR COUNTRY) England

14. INFORMANT mo. mary welsh  
 (Address) 1026 Norton ave -

15. FILED Feb 28 1928 Wm. M. Crowe REGISTRAR  
Assr.

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1928 to Feb 22 1928  
 that I last saw him alive on Feb 21, 1928, and that death occurred, on the date stated above, at 7:55 a. m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
51K  
Coronary Arteriosclerosis  
second attack (duration) yrs. mos. ds. 10  
 CONTRIBUTORY (SECONDARY) Cancer of Bladder  
 (duration) yrs. mos. ds. 1

18. WHERE WAS DISEASE CONTRACTED  
49  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH. \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY. \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) O. M. Perkins M. D.  
Feb 22, 1928 (Address) 3827 East 9th

\*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 Lexington MO DATE OF BURIAL Feb 24 1928

20. UNDERTAKER The Freeman Mortuary ADDRESS 42 Baltimore

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.

RECORD WITH UPDATING INK—THIS IS A PERMANENT RECORD

