

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

Do not use this space.

15648
15918
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1. PLACE OF DEATH

County Darwin Registration District No. 882
Township Highway town Primary Registration District No. 6174
City North Wright City Mo St. _____ Ward _____

2. FULL NAME

Hedley Welch
(a) Residence. No. _____ St. _____ 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

2. SEX Male **4. COLOR OR RACE** negro **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 6th 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
22 1 11

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Wright City
Warren Co. Mo

10. NAME OF FATHER Hugo Britts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Mo

12. MAIDEN NAME OF MOTHER Francis Welch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Wright City Mo
Warren Co. Mo

14. INFORMANT Francis Welch
(Address) Wright City Mo

15. FILED 4/19/28 C. A. Slesmer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 17th 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 1st 1928 to Apr 17th 1928 that I last saw him alive on April 9th 1928, and that death occurred, on the date stated above, at 8:30 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Tuberculosis of Lungs
20 A
(duration) 1 yrs. 6 mos. 0 ds.

CONTRIBUTORY (SECONDARY) SI
(duration) _____ yrs. _____ mos. _____ ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Tubercular Examination
(Signed) H. S. O'Connell, M. D.
4/18, 1928 (Address) Wright City 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 Cal. Cemetery, Wright City Mo **DATE OF BURIAL** Apr 19th 1928

20. UNDERTAKER C. A. Slesmer **ADDRESS** Wright City Mo

M. 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.

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