

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

EC 26 1928

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.

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

Do not use this space.

36018

1. PLACE OF DEATH
 County Dade Registration District No. 52
 Township Walnut Primary Registration District No. 4362
 City Foster (No.) St. Ward

2. FULL NAME Rachel Ann Welch
 (a) Residence. No. Foster St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No.
Registered No. 16
St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Thomas E. Welch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1848 Sept 4

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 2 16

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) 162
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Johnson Co
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER John White

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Munday

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

14. INFORMANT W M Welch
 (Address) metz mo

15. FILED Nov 24 1928 H. A. Rhoades
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 1928

17. I HEREBY CERTIFY, That I attended deceased the last year 19...
 that I last saw her alive on Nov 16, 1928, and that death occurred, on the date stated above, at 11:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
mitral valve failure
arteriosclerosis
senility

(duration) yrs. mos. ds.
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at place of death
 IF NOT AT PLACE OF DEATH, DATE OF ...

DID AN OPERATION PRECEDE DEATH? no DATE OF ...

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) H. A. Rhoades, M. D.
 , 19 (Address) Foster 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 Hoodfin Cemetery DATE OF BURIAL Nov 21 1928

20. UNDERTAKER Pond & Pearley ADDRESS Rick Hill

