

JAN 22 1929

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

Do not use this space.

39717

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 File No. 39717
Township 11 Primary Registration District No. 2009 Registered No. 1294
City 11 (No. 536 & Ellis) St. 8 Ward)

2. FULL NAME

Alma Gerlin Welker

(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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19 - 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 11 9

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Gray Ridge, Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Couder Welker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Whitewater, Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ethel Allen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kennett, Mo
(STATE OR COUNTRY)

14. INFORMANT Couder Welker
(Address) City

15. FILED 10/29/28 Ed Thompson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 19 28

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Dec 28, 1928
that I last saw h. alive on Dec 25, 1928, and that death occurred, on the date stated above, at 2 0 0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetic
59 about 1 6 — ds.
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

18. DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. A. Schwen, M. D.

(Address) Cape Girardeau, 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 Fairmount Cemetery DATE OF BURIAL Dec 29 1928

20. UNDERTAKER Carberry F & U ADDRESS Cape Girardeau, Mo

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.

