

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

Do not use this space.

18588

**1. PLACE OF DEATH**

County Johnson, Registration District No. 431  
 Township Warrensburg, Primary Registration District No. 3023  
 City Warrensburg, (No. ....) St. .... Ward)

File No. ....  
 Registered No. ....  
 St. .... Ward)

**2. FULL NAME**

Lou J Welborn  
 (a) Residence. No. 307 N Hickory, St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 26 yrs. .... mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan, 21, 1850</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>79</u>	<u>4</u>	<u>7</u>	

16. DATE OF DEATH (MONTH, DAY AND YEAR) May, 28, 1928

17. I HEREBY CERTIFY, That I attended deceased from mail 16 ..... 1927 to May 28 ..... 1928 that I last saw h. W alive on May 28 ..... 1927, and that death occurred, on the date stated above, at 8-40 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chorea  
107A  
 (duration) .... yrs. .... mos. .... ds.

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

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

9 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS gynical  
 (Signed) J. H. Sweeney, M. D.  
May 29, 1928 (Address) Warrensburg 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 DATE OF BURIAL  
Sunset Hill, Cem 5/29, 28

20. UNDERTAKER ADDRESS  
S. R. Sweeney, Warrensburg

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) North Carolina,

10. NAME OF FATHER J. H. Welborn

11. BIRTHPLACE OF FATHER (CITY OR TOWN)  
 (STATE OR COUNTRY) North Carolina,

12. MAIDEN NAME OF MOTHER Sarah Horney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  
 (STATE OR COUNTRY) North Carolina,

14. INFORMANT Martha Payne

(Address) Warrensburg,

15. FILE May 29, 29 Wm. Patterson  
 REGISTRAR

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.

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774

262

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