APR 23 1930

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

Do not use this space.

7605

1. PLACE OF DEATH
County Barry — Registration District No. 30 — File No.
Township Off — Primary Registration District No. 3003 — Registered No. 19
City Monett (No. ..... St. ..... Ward)

2. FULL NAME Frances Irene Welsh
(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: F
4. COLOR OR RACE: W
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): Dec 7-1914
7. AGE: Years 15 — Months 3 — Days 11 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student
(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): Aurora, Missouri

PARENTS
10. NAME OF FATHER: Ruben Wagner Welsh
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cartemille, Missouri
12. MAIDEN NAME OF MOTHER: Pearl Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know!

14. INFORMANT: R. W. Welsh
(Address): Monett Mo

15. FILED 3 20 1930 W. M. West, REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 18 1930
17. I HEREBY CERTIFY, That I attended deceased from 3/17, 1930 to 3/18, 1930 that I last saw her alive on 3/17, 1930, and that death occurred, on the date stated above, at 6 30 m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Roseola
44C
36 (duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY): Septicemia
(duration) yrs. mos. 1 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2502
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) [signature], M. D
3/19, 1930 (Address) Monett 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: I.O.O.F. Cemetery — DATE OF BURIAL: 3/20 1930
20. UNDERTAKER: Callaway's — ADDRESS: Mo.

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

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.