

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

Do not use this space.

15748

1. PLACE OF DEATH
County De Witt Registration District No. 266
Township Salem Primary Registration District No. 4164
City Salem (No.) St. Ward (....)

2. FULL NAME Jessie Campbell 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No.
Registered No. 116
St. Ward (....)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/16/1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 | 1 | 14

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Co. Mo.

10. NAME OF FATHER Richard Welch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Henderson Co. Ky.
12. MAIDEN NAME OF MOTHER Mary E. Conroy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co. Mo.

14. INFORMANT Wm. G. Welch
(Address) Salem, Mo.

15. FILED 6/2 1930 W. H. Hobson, M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1930
17. HEREBY CERTIFY That I attended deceased from May 26 1930, Ill., May 20 1930 (that I last saw him alive on May 24 1930, and that death occurred, on the date stated above, at 10:15 P.M.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage -
59
102 (duration) yrs. mos. da. 4
CONTRIBUTORY (SECONDARY) Malignant Hypertension
Diabetes
Hepatitis
(duration) yrs. mos. da. 3

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: 57
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical findings
(Signed) Wm. G. Welch, M. D.
, 19 (Address) Salem, 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
Cedar Grove Cem 6/2 1930
20. UNDERTAKER ADDRESS
W. H. Hobson Salem, 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.

RESERVED FOR BINDER

JUN 5

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