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.

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

Do not use this space.

18468

1. PLACE OF DEATH
County Wright — Registration District No. 908 — File No.
Township Wood — Primary Registration District No. 6223 — Registered No. 21
City (No. St. Ward)

2. FULL NAME William Gideon Welch
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr-10-1854

7. AGE: Years 76 — Months 3 — Days 3 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer 122A 122B
(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): Kentucky

PARENTS
10. NAME OF FATHER: John Welsh
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Acorn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Mrs. Jim Hyde
(Address) Mtn Grove Mo. R8

15. FILED 6/26 1930 J. W. Hubbard, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 — 7 a.m.

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 13 - 1930

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1930, to May 12, 1930, that I last saw him alive on May 12, 1930, and that death occurred, on the date stated above, at 3:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Obstruction
Exact nature uncertain
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Hernia
many years (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) A. C. Ames, M. D.
May 13, 1930 (Address) Mountain Grove, 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: Spillman Cemetery — DATE OF BURIAL: 5-14-1930

20. UNDERTAKER: None — ADDRESS