

SEP 24 1930

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

Do not use this space.

26286

1. PLACE OF DEATH

County DekalbTownship Washington

City (No.)

Registration District No. 258Primary Registration District No. 6860A

File No.

Registered No. 8

St. Ward)

2. FULL NAME Huston Ray 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White XX

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 9/307. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work XX

(b) General nature of industry, business, or establishment in which employed (or employer) XX

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Dekalb Co., Mo.10. NAME OF FATHER George Huston Welsh11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dekalb Co. Mo.12. MAIDEN NAME OF MOTHER Iola May Reynolds13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dekalb Co., Mo.14. INFORMANT Mrs George Welsh(Address) Clarksdale, Mo.15. FILED Aug 20, 1930 C. M. Davis

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-20 193017. I HEREBY CERTIFY, That I attended deceased from 8/9, 1930, to 8-17, 1930, that I last saw him alive on 8-17, 1930, and that death occurred, on the date stated above, at 12¹⁵ A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

closure of heart of Gall18. CONTRIBUTORY Premature birth, about 3 wks. (SECONDARY) (duration) yrs. mos. 11 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? clinical(Signed) Oscar L. Perkins, M. D.8/20 1930 (Address) Clarksdale, 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

Clarksdale Cemetery 8/20/30 19

20. UNDERTAKER

ADDRESS

C. M. Davis, Clarksdale, Mo.

