

OCT 28 1930

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

Do not use this space.

29326

1. PLACE OF DEATH

County Cape Girardeau
Township "
City M (No. ")

Registration District No. 125
Primary Registration District No. 3009

File No. "
Registered No. 509
St. " Ward "

2. FULL NAME

Conchita L. Welker
(a) Residence No. 1115 So. Sprigg 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. 19 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) Aug 26th 1930

7. AGE YEARS MONTHS DAY If LESS than 1 day,hrs. ormin.
0 0 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(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) Cape Girardeau

PARENTS

10. NAME OF FATHER W. H. Welker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Daisy Mo.

12. MAIDEN NAME OF MOTHER Kath. Kistner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Madillville Mo.

14.

INFORMANT W. H. Welker
(Address) Cape Girardeau Mo.

15.

FILED 9/15/30 W. C. Temple REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 14, 1930

17. I HEREBY CERTIFY, That I attended deceased from 9-7, 1930, to 9-14, 1930 that I last saw her alive on 9-14, 1930, and that death occurred, on the date stated above, at 11 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute B. Spatitis

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

18. WHERE WAS DISEASE CONTRACTED By her born
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Tubes + Jaundice
(Signed) A. E. Dalton, M. D.

. 19 (Address) Cape Girardeau 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 Fairmount Cem. DATE OF BURIAL Sept. 15 1930

20. UNDERTAKER Walther Und. Co. ADDRESS Cape Gir. Mo.

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.

