

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

30761

File No. _____
 Registered No. _____
 St. _____ Ward _____

1. PLACE OF DEATH

County Welp's Co.
 Township St. James
 City Welder Home (No. _____)

Registration District No. 678
 Primary Registration District No. 5904

2. FULL NAME

(a) Residence. No. Welder Home St. Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. - mos. - ds. 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)

Widow

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

Widow John Chapin

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

1-8-1855

7. AGE

YEARS

75

MONTHS

8

DAYS

15

If LESS than 1 day, _____ hrs. or _____ min.

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) Member of Home

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

10. NAME OF FATHER

not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) " "

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) " "

14.

INFORMANT W. Gorman
(Address) Secy.

15.

FILED 9-24-30Henry H. Holler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-23-1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1930, to Sept 23 1930 that I last saw him alive on Sept 23 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Intestinal Nephritis
1931
 (duration) 2 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY)

(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? noWHAT TEST CONFIRMED DIAGNOSIS Chronic(Signed) William H. Pierce, M. D.9/24/1930 (Address) St. James

*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

Johns CemeterySept 26-1930

20. UNDERTAKER

Jonas and Tim Eyck

ADDRESS

St. James Mo.

OCT 31 1930

