

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

Do not use this space.

10271

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Kansas City (No. St. Marys Hosp)

Registration District No. 349  
Secondary Registration District No. 1003

File No. \_\_\_\_\_  
Registered No. 1550  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Mrs. Annie Welch  
(a) Residence, No. 442 1/2 Harrison St., 6 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**

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**

James Welch

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

Oct 23 1852

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>78</u>	<u>5</u>	<u>8</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home  
(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) Wisconsin

**10. NAME OF FATHER**

Phillip Mead

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ireland

**12. MAIDEN NAME OF MOTHER**

Not known

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ireland

**14. INFORMANT**

(Address) 442 1/2 Harrison

**15. FILED**

4/1 1931 M. M. Groves  
REGISTRAR

**3**

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

March 31 1931

**17. I HEREBY CERTIFY** that I attended deceased from 2/26 to 3/21 1931 that I last saw or alive on 3/21 1931, and that death occurred, on the date stated above, at 1207 m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

acute dilatation of heart  
secondary sclerosis  
12-2-18  
748

**CONTRIBUTORY (SECONDARY)**  
arteriosclerosis (duration) yrs. 11/2 mos. ds.  
umbilical Hernia (duration) yrs. 6 mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

442 1/2 Harrison St. Kemo  
IF NOT AT PLACE OF BIRTH.

**19. DID AN OPERATION PRECEDE DEATH?** no DATE OF 3/26/31

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) M. J. O'Brien M. D.  
11 31 (Address) 1034 Kault Bldg

\*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**

Milwaukee, Wis

**DATE OF BURIAL**

4-1-1931

**20. UNDERTAKER**

Quirk & Tobin Cedarwood  
Main

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. No space should be wasted.

Orlando Bldg