

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

Do not use this space.

13293

1. PLACE OF DEATH

County Buchanan
 Township.....
 City St. Joseph

Registration District No. 85
 Primary Registration District No. 1001
 (No. Mercy Hospital)

File No.....
 Registered No. 460
 St. Ward)

2. FULL NAME William Welch

(a) Residence. No. 610 Lincoln street 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>December 17, 1876</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>54</u>	<u>4</u>	<u>9</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Track Foreman 106
 (b) General nature of industry, business, or establishment in which employed (or employer) Railroad
 (c) Name of employer C.B. & Q.R.R.

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>James Welch</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>New York</u> (STATE OR COUNTRY) <u>New York</u>
	12. MAIDEN NAME OF MOTHER <u>Mary A. McCarthy</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Ireland</u>

14. INFORMANT James Welch
 (Address) 610 Lincoln st. - St. Joseph Mo.

15. APR 27 1931
John A. Bender
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1931

17. I HEREBY CERTIFY, That I attended deceased from April 23, 1931, to 26, 1931, that I last saw him alive on 26, 1931, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

meningitis - non epidemic

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

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
 (Signed) W.E. Perry M. D.

Apr. 27 19 31 (Address) St. Joseph Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL April 28, 1931

20. UNDERTAKER H. B. Sidenfaden ADDRESS 1802 Union st.

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.

MAY 2 1 1931

