WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 25 1931

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

Do not use this space.

17470

1. PLACE OF DEATH
County Cole — Registration District No. 211 — File No.
Township Marion — Primary Registration District No. 5291 — Registered No. 15
City (No. , St. Ward)

2. FULL NAME Mary Welch
(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? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 6 1839

7. AGE: Years 92 — Months 4 — Days 17 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Co. Kerry Ireland

PARENTS
10. NAME OF FATHER: Patric Brennan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Co. Kerry Ireland
12. MAIDEN NAME OF MOTHER: Mary Duckett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Co. Kerry Ireland

14. INFORMANT: Kate Welch
(Address) Route #1 Centertown Mo.

15. FILED 5-26 1931 Ira P. Hutson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Never treated her during, 19 that I last saw her [illegible], 19 and that death occurred, on the date stated above, at 12:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
She was dead when I arrived from what I could ascertain the cause of death was Cerebral apoplexy (duration) 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? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) H T Leach, M. D.
5-23, 1931 (Address) Elston 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: Elston Mo. — DATE OF BURIAL: 5-25-1931

20. UNDERTAKER: C. P. Heinrichs — ADDRESS: J.C. Mo.