

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

Do not use this space.

24028

**1. PLACE OF DEATH**

County Vernon Registration District No. 875  
Township Washington Primary Registration District No. 6162  
City Honda (No. 4) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1531

**2. FULL NAME**

Fannie Welch

(a) Residence, No. 51 Hawth. 3 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 18 - 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
61 3 9

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Harrison Co Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Samuel Shock

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

12. MAIDEN NAME OF MOTHER Margaret Long

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

14. INFORMANT Hosp. record  
(Address)

15. FILED 7-1-1931 E. P. King REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1931

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1931, to June 27, 1931, that I last saw h. alive on June 27, 1931, and that death occurred, on the date stated above, at 11:15 A. m.

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

93 191 Parents  
(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (SECONDARY) Ch. nutritional nephritis  
(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 ANEUSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Chemical & Laboratory  
(Signed) L. Martin, M. D.  
, 19 (Address) Nevada 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 Joplin Mo DATE OF BURIAL June 29 1931

20. UNDERTAKER Frank Sievers Co ADDRESS Joplin 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.

JUL 28 1931

RECORD THIS IS A PERMANENT RECORD

S. R. King  
Thomas Bank  
See copy