N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Oct 3 1931

N. G. Gonoway

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

Do not use this space.

34993

1. PLACE OF DEATH

County Macon — Registration District No. 533 — File No.

Township — Primary Registration District No. 3027 — Registered No. 115

City Macon (No. , St. Ward)

2. FULL NAME Minnie Welch

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	M —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9-1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	57	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Steven Holmes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Sarah Spiker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Joseph Welch Macon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE Oct 25 1931

19. UNDERTAKER (ADDRESS) Albert Skinner Macon Mo

20. FILED 11/30 1931. Mrs Luke Dunkler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from June, 1927, to Oct 23, 1931

I last saw h alive on 12:45 AM, 1931. Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma 7 right breast 50 47B (amputation June 1927)	
Other contributory causes of importance: Metastases 3 yrs later to left breast and Mediastinum	1930

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. G. Gonoway M. D.

(Address) Macon Mo.

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