

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

Do not use this space.

40682

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2001
City Springfield (No. 835 W. Chase)

File No. _____
Registered No. 899
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 835 W. Chase St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lela Welcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 - 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 3 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
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) Mo.

FATHER 13. NAME W. Welcher

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

MOTHER 15. MAIDEN NAME Francis Batty

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

17. INFORMANT (ADDRESS) Mrs. Lela Welcher
Springfield, Mo.

18. BURIAL, CREMATION, OR REBURY Hazelwood Cemetery Dec 29 1931
PLACE DATE

19. UNDERTAKER (ADDRESS) Springfield, Mo.

20. FILED 12-28-31 1931 Don Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 to Dec 27, 1931.
I last saw him alive on Dec 23, 1931. Death is said to have occurred on the date stated above, at 3:4 p.m.
The principal cause of death and related causes of importance were as follows:

Causes of death
Stomach
primary seal Stomach

Other contributory causes of importance:
46B
46C 46D

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) W. Harry M. D.
(Address) no 2nd N. 10th 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.

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