

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

Do not use this space.

4736

505

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 5724 M^e Lee)

Registration District No. 399
Primary Registration District No. 1062

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

2. FULL NAME

Mrs. Eleanor Welch
(a) Residence, No. 5724 M^e Lee St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>James F. Welch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Febr. 8 - 1869</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>0</u>
	DAYS <u>4</u>	IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Wauf 235</u>
	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) Pennsylvania

FATHER 13. NAME William Jefferson Mackey

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

MOTHER 15. MAIDEN NAME Susan Root

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

17. INFORMANT Mr. James F. Welch
(ADDRESS) 5724 M^e Lee St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Feb. 15, 1932

19. UNDERTAKER W. M. Newcomer's Sons
(ADDRESS) Kansas City, Mo.

20. FILED 2/13, 1932 M. M. Crowl
ant. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 12, 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 11th 1932, to Feb 12th 1932
I last saw h. alive on Feb 12th 1932 Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Pneumo-Pneumonia
acute
myocarditis
Date of onset 9:50 P.M.

Other contributory causes of importance:
Name of operation none Date of _____
What test confirmed diagnosis? Clinical There an autopsy? no

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? no
If so, specify _____
(Signed) Wm. J. Myers M. D.
(Address) 814 W. 4th Bldg.

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.

Mr. Kenneth Ogden
814 Argyle Rd.
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