

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

Do not use this space.

13170

File No. 144

Registered No. 4

1. PLACE OF DEATH  
59 County Livingston, Registration District No. 574  
Township Monroe, Primary Registration District No. 156-83  
City (No. ) St. Ward

2. FULL NAME George E. Welker,  
(a) Residence, No. St. Ward.  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male, 4. COLOR OR RACE White, 5. WIDOWED, OR  
Divorced, (write the word)  
5A. HUSBAND OF DIVORCED Nora Welker,  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-16-1873  
7. AGE YEARS MONTHS DAYS IF LESS than 1  
58 5 13 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer, 1  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming,  
10. Date deceased last worked at this occupation (month and year) February-1932 11. Total time (years) spent in this occupation 40-Yrs.  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo., 1  
13. NAME Cyrus Welker,  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.,  
15. MAIDEN NAME Matilda Oster,  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.,  
17. INFORMANT (ADDRESS) Emmet Welker,  
Braymer, Mo.  
18. BURIAL, CREMATION, OR REMOVAL  
PLACES Monroe Cemetery DATE May-1st-1932  
19. UNDERTAKER (ADDRESS) E. P. Michael,  
Braymer, Mo.  
20. FILED 4/30 1932 Geo. Moore  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/29, 1932  
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to April 29, 1932  
I last saw him alive on April 29, 1932. Death is said to have occurred on the date stated above, at 2:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Brain Tumor Grav. Nat. 1931  
Other contributory causes of importance: Pulmonary tuberculosis Early 1931  
Name of operation None Date of None  
What test confirmed diagnosis? None Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 1932  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury None  
Nature of injury None  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None  
(Signed) Geo. Moore, M. D.  
(Address) Braymer 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.

MAY 25 1932

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