

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.

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

Do not use this space.

19530  
2336

## 1. PLACE OF DEATH

County Jackson Registration District No. 889  
Township Kaw Primary Registration District No. 700?  
City K.C. Mo. (No. 2405 Chestnut St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

2. FULL NAME Leona Inez Welch

(a) Residence, No. 2405 Chestnut St. 11 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18, 1912</u>		
7. AGE	YEARS	MONTHS
	<u>19</u>	<u>10</u>
		DAYS
		<u>22</u>
	If LESS than 1 day, ..... hrs. or ..... min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>
	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) Kansas City,  
(STATE OR COUNTRY) Missouri 113. NAME Bert Welch14. BIRTHPLACE (CITY OR TOWN) Illinois 2  
(STATE OR COUNTRY)15. MAIDEN NAME Anna Burley16. BIRTHPLACE (CITY OR TOWN) Kansas  
(STATE OR COUNTRY)17. INFORMANT Mr. Bert Welch  
(ADDRESS) 2405 Chestnut18. BURIAL, CREMATION, OR REMOVAL  
PLACE Forest Hill DATE 6-13-32 193219. UNDERTAKER R.V. Lindsey & Sons, Inc.  
(ADDRESS) K.C. Mo.20. FILED 6/11 1932 M. M. Crowl  
(Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from  
May 6<sup>th</sup> 1932 to June 10<sup>th</sup> 1932  
I last saw her alive on June 10<sup>th</sup> 1932 Death is said  
to have occurred on the date stated above, at 11:50 AM  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
23A

Other contributory causes of importance: 23

9. 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? No  
If so, specify \_\_\_\_\_

(Signed) E. P. Monahan, M. D.  
(Address) 311 Argyle  
K.C. Mo

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D. P. Mendenhall  
August 20, 1934