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

Do not use this space.

23117

1. PLACE OF DEATH

49 County Jasper — Registration District No. 406

Township Twin Groves — Primary Registration District No. 5560

City Waco (No. ..... St. ..... Ward)

File No. .....

Registered No. 14

2. FULL NAME Barbara June Welch

(a) Residence. No. Waco Missouri St. ..... 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.

AUG 24 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 20 1931

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	3	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Girard Kansas

PARENTS

10. NAME OF FATHER: John Welch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Des Moines Iowa

12. MAIDEN NAME OF MOTHER: Marie Schachtz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pittsburg Kansas.

14. INFORMANT (Address): John Welch Waco Missouri

15. FILED 7-7, 1932 — C W Rovey, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 5 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 7-5-32, 19....., to ....., 19....., that I last saw her alive on ....., 19....., and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pertussis 9

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Multiple abscesses of lg

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Ethel Moore, M. D.

7/6, 1932 (Address) Joplin Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Girard Kansas Cemetery

DATE OF BURIAL: July 8 1932

20. UNDERTAKER: Miles Ed Dorsey

ADDRESS: Girard Kansas