

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.

JAN 24 1932

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

Do not use this space.

1. PLACE OF DEATH

51 County Johnson
Township Jackson
City _____ (No. _____)

Registration District No. 427
Primary Registration District No. 5292

File No. 40334
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Missouri Jackson Welch
(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 71 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 Female 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 G. B. Welch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 3 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) (STATE OR COUNTRY) Johnson County Missouri

13. NAME - N. B. Davidson

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

15. MAIDEN NAME Louisa Hatton

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

17. INFORMANT (ADDRESS) W. S. Welch Holden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Springs Cemetery DATE Dec 28 1932

19. UNDERTAKER (ADDRESS) W. S. Goodman Holden Mo.

20. FILED Dec. 27, 1932, Edward Andrews, M.D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1932, to Dec 26 1932

I last saw him alive on Dec 22 1932 Death is said

to have occurred on the date stated above, at 9:30 P.M.

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

Completion of Bureau with fully organized of heart
93c

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was 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 _____ 1932

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) M. M. Rice _____ M. D.

(Address) Chapel Hill, RD Bates City, Mo.

