

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

Do not use this space.

File No. **15905**
Registered No. **116**
St. _____ Ward _____

1. PLACE OF DEATH
County **Cape Girardeau** Registration District No. **125**
Township **11** Primary Registration District No. **3009**
City **11** (No. **544 Water St**)

2. FULL NAME **Ann Welty Mc Cusht**
(a) Residence, No. **544 Water St** 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.

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 John Mc Cusht | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1862 | | |
| 7. AGE YEARS 70 | MONTHS 11 | DAYS 4 |
| If LESS than 1 day, _____ hrs. or _____ min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wal | |
| | 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) Cape eo mo | | |
| FATHER | 13. NAME Peter Welty | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know | |
| MOTHER | 15. MAIDEN NAME Don't know | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know | |
| 17. INFORMANT (ADDRESS) John Mc Cusht Cape Girardeau mo | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cemt DATE May 15 1933 | | |
| 19. UNDERTAKER (ADDRESS) Damen's Funeral Home Cape Girardeau mo | | |
| 20. FILED 5-15 1933 evc Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 14 1933**

22. I HEREBY CERTIFY, That I attended deceased from **March 2 1933**, to **May 13 1933**
I last saw him alive on **May 13 1933** Death is said to have occurred on the date stated above, at **6:05 a.m.**
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
131
Date of onset

Other contributory causes of importance

Name of operation _____ Date of _____
What test confirmed diagnosis? **chr** 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) **A. M. Murphy** M. D.
(Address) **Cape Girardeau, Mo**

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.

JUN 20 1933

