

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.

34137

1. PLACE OF DEATH

County Ralls
Township Spencer
City _____ (No. _____)

Registration District No. 426
Primary Registration District No. 6954

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

2. FULL NAME

(a) Residence, No. Nathan Welch 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>unmarried</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unmarried</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 25 - 1853</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or min.
	<u>80</u>	<u>6</u>	<u>4</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>_____</u>			
	10. Date deceased last worked at this occupation (month and year) <u>_____</u>			
11. Total time (years) spent in this occupation <u>2nd</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>				
MOTHER	13. NAME <u>Benjamin Welch</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Y.</u>			
	15. MAIDEN NAME <u>Sarah Barwicklow</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>			
17. INFORMANT <u>John Haglunger</u> (ADDRESS) <u>New London Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Salon</u> PLACE <u>Salon</u> DATE <u>10/31</u> 19 <u>_____</u>				
19. UNDERTAKER <u>Am Ripley</u> (ADDRESS) <u>New London Mo</u>				
20. FILED <u>7</u> 19 <u>8 B Reagan</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 19 33

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 19 33, to Oct 29 19 33.
I last saw him alive on Oct 29 19 33. Death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:
Diarrhoea
1201
1701
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 _____ 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 W J Walters
(Signed) New London Mo M. D.
(Address)

