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.

MAR 24 1934

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

Do not use this space.

File No. 3891

Registered No. 6

1. PLACE OF DEATH

County: Benton

Township: Williams

City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 59

Primary Registration District No. 5094

2. FULL NAME: Donald Herman Welters

(a) Residence, No. ..... 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: Male

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): 1-2-1932

7. AGE: 2 Years 1 Months 20 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Missouri

FATHER

13. NAME: H C Wolters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Concordia Missouri

MOTHER

15. MAIDEN NAME: Anna Wiebush

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Rev H C Wolters
(ADDRESS): Cole Camp Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Concordia Mo DATE: 2-24-1934

19. UNDERTAKER: E L Eickhoff
(ADDRESS): Cole Camp Mo

20. FILED: 3-1-, 1934 Harry Bays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-22-1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934, to Feb 22, 1934

I last saw him alive on Feb 22, 1934. Death is said to have occurred on the date stated above, at 5:15 p. m.

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

	Date of onset
Septic Sore Throat	

Other contributory causes of importance:

Scarlet Fever	2-10-33

Name of operation: None Date of:

What test confirmed diagnosis? Lab 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?

If so, specify

(Signed) Harry Bays, M. D.

(Address) Cole Camp, Mo.