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.

2 5 1934

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

Do not use this space.

File No. 7788

Registered No. 6

9 1. PLACE OF DEATH

County Bollinger  Registration District No. 67

2 Township Lorence  Primary Registration District No. 4039

1 City Marblehill, Mo, (No. ..........., ............St. ..........Ward)

2. FULL NAME Franklin Pierce Welch

(a) Residence, No. ............St., ............Ward. (If nonresident, give city or town and State)
(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.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widower,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27 1852

7. AGE YEARS 81 MONTHS 3 DAYS 15 If LESS than 1 day, ......hrs. or ......min.

OCCUPATION

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

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) Bollinger

FATHER

13. NAME Judge Welch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Emma Welch
(ADDRESS) Bismarck Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Halm Chapel DATE Mar 15, 19 34

19. UNDERTAKER A. J. Baker
(ADDRESS) [illegible]

20. FILED 3-14" 1934 C. A. Sanders
*Registrar.*

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch. 12, 1934, to Mch. 14, 1934

I last saw him alive on Mch. 14", 1934. Death is said to have occurred on the date stated above, at 5. 15 m. P M

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

Broncho Pneumonia — Date of onset 3-8-34

Other contributory causes of importance:

Influenza — 3-1-34

Name of operation ............ Date of ............

What test confirmed diagnosis? ............ 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) C. A. Sanders, M. D.

(Address) Marble Hill Mo