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 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 15779

Township — Primary Registration District No. 1001 — Registered No. 530

City St. Joseph, (No. 610 North 11th. St. Ward)

2. FULL NAME Warren Sedgwick Welsh,

(a) Residence, No. 610 North 11th. St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Finch Welsh,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
70	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Methodist Church
10. Date deceased last worked at this occupation (month and year) April 1930
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Pennsylvania,

FATHER

13. NAME James P. Welsh,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,

MOTHER

15. MAIDEN NAME Mary McClellen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,

17. INFORMANT (ADDRESS) Warren S. Welsh 610 North 11th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mem. Park DATE May 4, 1934

19. UNDERTAKER (ADDRESS) Heaton Bergole & Bowman 319 So. 10th. St. Funeral Home

20. FILED 5-3, 1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug., 1929, to May 2, 1934

I last saw him alive on May 1, 1934 Death is said to have occurred on the date stated above, at 7:00 a.m.

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

	Date of onset
Myocarditis chr.	3 or 4 yrs
Had Hypertension for 15 or 20 yrs.	
Pernicious anemia for 5 yrs	
arteriosclerosis	

Other contributory causes of importance:

Angina pectoris for years

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical 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 ...

(Signed) L. H. Jerson, M. D.

(Address) St. Joseph Mo.