

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.

17199-79

AUG 23 1935

1. PLACE OF DEATH
 County Jefferson Registration District No. 420
 Township Delato Primary Registration District No. 3022
 City Delato (No. _____) St. _____ Ward _____

2. FULL NAME Arch Welty
 (a) Residence, No. 210 N. Main St., _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. _____ mos. 21 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	<u>64</u>	<u>6</u>	<u>9</u>	

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

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-27, 1934, to 5-1, 1934.
 I last saw him alive on 5-1, 1934. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Cancer of Stomach (Date of onset 1933)
W.H.H.

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany, Illinois

13. NAME Arch Welty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany, Illinois

15. MAIDEN NAME Rebecca Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. J. C. Adams, Delato

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE May 3 1934

19. UNDERTAKER (ADDRESS) Donnell B. Smith, Delato, Mo.

20. FILED 5/2/34 1934 H. W. Harris Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray & 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?
 If so, specify _____
 (Signed) W. H. H. M. D.
 (Address) Delato, Mo.

9.11.18