SEP. 12 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. 28379
Township — Primary Registration District No. 1001 — Registered No. 962
City St. Joseph, Mo. (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME H. C. Welsh
(a) Residence, No. H St., Ward. Hiawatha, Kansas.
(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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Daisy Welsh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ~~Unknown~~ About 1863
7. AGE: YEARS 71 — MONTHS — DAYS Unknown — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Unknown Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Hospital Records St Joseph Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Hiawatha, Kansas DATE August 15, 1934
19. UNDERTAKER (ADDRESS) Fleeman Mortuary, Inc. St. Joseph, Mo.
20. FILED 8-14 1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 13, 1934
22. I HEREBY CERTIFY, That I attended deceased from 7/2/— 1934, to 8/13/— 1934
I last saw him alive on 8/13/ 1934 Death is said to have occurred on the date stated above, at 8:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Hypostatic Pneumonia	
137	
108A	
135	

108

Other contributory causes of importance: Hypertrophy of Prostate

Name of operation Prostate resection, suprapubic cystostomy Date of 7/10/34 7/11/34
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
(Signed) Charles Greenberg, M. D.
(Address) P. S. Bldg St Joseph Mo.

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.