

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.

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

Do not use this space.

JAN 18 1935

43145

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City

Registration District No. 397
Primary Registration District No. 1002
(No. 212 West, 39th)

File No.
Registered No. 550
St. Ward

2. FULL NAME

MILTON DAVID WELCH

(a) Residence, No. 212 West 39th S 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 24, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Frisco H. R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Conductor

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) Indiana

13. NAME David Welch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Casandria Ellis

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

17. INFORMANT C. C. Welch
(ADDRESS) 3918 W. Grand St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Mariah Cem. DATE Dec 24, 1934

19. UNDERTAKER Stess - McChes
(ADDRESS) 3235 William Plaza

20. FILED 12-24-34 M. M. Crowl, Chf. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 - 1934 to Dec 22, 1934

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... P.m. 4:30

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

59
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Anguiochitonia
Chronic Diets
Date of onset

Other contributory causes of importance:

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?.....
If so, specify.....

(Signed) J. S. Smith, M. D.
(Address) 1215 Railroad St.

Dr. C. ...
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