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.

96

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

JAN 23 1935

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No. 45367
Township Carondolet — Primary Registration District No. 6248B — Registered No. 414
City Koch, Mo. (No. Koch Hospital St. Ward)

2. FULL NAME Lloyd Welborn
(a) Residence, No. 3218 N. 23rd St. St., Ward. St Louis Mo
(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: Ola Welborn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 4, 1896

7. AGE: 38 YEARS — MONTHS: 7 — DAYS: 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Street car conductor 23
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 110
10. Date deceased last worked at this occupation (month and year): unk.
11. Total time (years) spent in this occupation: 6 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

FATHER
13. NAME: Johnathon Welborn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Anice Fuller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Ola Welborn 3218 No 23rd St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marion Ill. DATE 12-8 1934

19. UNDERTAKER (ADDRESS): Rowland Mortuary Service 4365 Washington Blvd

20. FILED Dec 8 1934 G. Mowry (Dep) Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-7-34, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, 19, to Dec. 7, 1934, 19
I last saw him alive on Dec. 7, 1934, 19 Death is said to have occurred on the date stated above, at 3 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:
Broncho pleural fistula
Empyema with thorocotomy

Name of operation Thorocotomy Date of
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?
If so, specify
(Signed) C. T. Hubert, M. D.
(Address) Koch Hospital Koch, Mo.

9441 [illegible]