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

Do not use this space.

APR 24 1935

10099

1. PLACE OF DEATH

County _Polk_ Registration District No. _112_ File No. _____

Township _Blackwater_ Primary Registration District No. _5-886_ Registered No. _3_

City _____ (No. _____ St. _____ Ward)

2. FULL NAME _John Wilson Welch_

(a) Residence, No. _____ 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 _Mrs Alice Welch_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Apr 21, 1853_

7. AGE YEARS _81_ MONTHS _11_ DAYS _1_ If LESS than 1 day, ...hrs. or ...min.

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

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

10. Date deceased last worked at this occupation (month and year) _Mar, 1935_

11. Total time (years) spent in this occupation _66_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _N. Car,_

13. NAME _Wm Wesley Welch_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _N C_

15. MAIDEN NAME _Elizabeth Treagna_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _N C_

17. INFORMANT _Mrs J W Welch_ (ADDRESS) _Pleasant Spring Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Mt Zion_ DATE _Mar 24, 35_

19. UNDERTAKER _A H Carter_ (ADDRESS) _Pleasant Springs Mo_

20. FILED _Mar 22, 1935_ _Florence L. Tate_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Mar, 22, 1935_

22. I HEREBY CERTIFY, That I attended deceased from _Jan 1st_, 1935, to _March 22_, 1935. I last saw him alive on _March 22_, 1935. Death is said to have occurred on the date stated above, at _6 A._ m.

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

Date of onset

Uraemic poisoning

Other contributory causes of importance:

Chronic Prostalitis

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) _R Dealon Taylor_, M. D.

(Address) _Pleasant Springs Mo_