

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.

JUN 19 1935

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

Do not use this space.

15950

1. PLACE OF DEATH

County Cole Registration District No. 213
Township Jefferson Primary Registration District No. 3014
City Jefferson (No. St. Mary Hoop) St. _____ Ward _____

File No. _____
Registered No. 165

2. FULL NAME

(a) Residence, No. Advance, Mo. 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
22 22 1 21

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

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) Stoddard County, Advance, Mo.

13. NAME Ray E. Welch

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

15. MAIDEN NAME Elsie Atkins

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

17. INFORMANT (ADDRESS) L. J. Morgan, Advance, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Advance, Mo. DATE May 16, 1935

19. UNDERTAKER (ADDRESS) Buescher Funeral Home, 214 N. 1st St., Jefferson, Mo.

20. FILED 5/16/1935 Dr. Fred M. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1935

22. I HEREBY CERTIFY, that I attended deceased from May 16, 1935, to May 16, 1935.
Last seen alive on May 16, 1935. Death is said to have occurred on the date stated above, at 3:15 a.m.

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

Skull fracture
Cerebral hemorrhages
Date of onset 5-11-35

Other contributory causes of importance:

Shock

Name of operation _____ 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 Accident Date of injury 5-16-35
Where did injury occur? Elton, Missouri
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. R.R. crossing

Manner of injury car & train collided
Nature of injury Skull injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
(Signed) Julian A. Osborn, M. D.
(Address) Jefferson City, Mo.

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

5-15950

MAILED 17 1950

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