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

JUL 24 1935

Do not use this space.

23012

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 71002 — Registered No. 2348
City Kansas City — No. St. Lukes Hospital — St. — Ward)

2. FULL NAME John Henry Welty
(a) Residence, No. 3935 Central St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Minnie M. Welty
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb-6 1878
7. AGE: YEARS 57 — MONTHS 5 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Postal Clerk
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): Missouri

FATHER
13. NAME: Henry Welty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

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

17. INFORMANT (ADDRESS): Chas. H. Welty, 3918 Bales
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill — DATE: July 9 1935
19. UNDERTAKER (ADDRESS): R. O. Lindsey & Sons, 3811 Broadway
20. FILED: July 7, 1935 M. M. Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from April, 1935, to June 6, 1935
I last saw him alive on 5 P.M. June 6 1935 Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
10 yrs -	
Hypertension	
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation: None — Date of
What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — 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: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Milton B. Caselott, M. D.
(Address) 1207 Realto Bldg K.C. Mo

1000M-3-28-35