

SEP 18 1935

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

Do not use this space.

25731

1. PLACE OF DEATH

County Benton Registration District No. 89  
Township Poplar Bluff Primary Registration District No. 5131  
City Poplar Bluff (Valleyton add) File No. 166  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John Welney  
(a) Residence, No. Poplar Bluff Mo (Valleyton add) 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED <input checked="" type="checkbox"/> HUSBAND OF (OR) WIFE OF <u>Sarah Welney</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 20 1868</u>				
7. AGE	YEARS <u>66</u>	MONTHS <u>8</u>	DAYS <u>3</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>carpenter</u>			
	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) <u>Aug 17 34</u>			
				11. Total time (years) spent in this occupation. <u>all life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
FATHER	13. NAME <u>Lafayette Welney</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
	15. MAIDEN NAME <u>Mary Curtis</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>			
	17. INFORMANT <u>Wm Welney</u> (ADDRESS) <u>Poplar Bluff Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Douglas Mo</u> DATE <u>Aug 25 1935</u>				
19. UNDERTAKER <u>N T Phelps</u> (ADDRESS) <u>Poplar Bluff Mo</u>				
20. FILED <u>Aug 26 1935</u> <u>Chittenden</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1935

22. I HEREBY CERTIFY, That I attended deceased from July 7 1935 to Aug 23 1935  
I last saw him alive on Aug 21 1935. Death is said to have occurred on the date stated above, at 9:45 m.  
The principal cause of death and related causes of importance were as follows:  
Nephritis, chronic  
Hypertension, Arterial  
Myocarditis, chronic  
Date of onset 6-15-35

Other contributory causes of importance:  
?

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) J. Hester Kaywell, M. D.  
(Address) Poplar Bluff, Mo.

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.

Dr. J. L. Howard