

1197 SEP 26 1935
 E. B. ...

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

Do not use this space.

28518

1. PLACE OF DEATH

County Vernon Registration District No. 875
 Township Washington Primary Registration District No. 6162
 City _____

File No. _____
 Registered No. 153
 St. _____ Ward _____

2. FULL NAME

Orval Lee Welch
 (a) Residence, No. State Hospital # 3 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 13 yrs. 7 mos. 28 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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>? 1886</u>		
7. AGE YEARS <u>about - 49</u>	MONTHS <u>2</u>	DAYS <u>?</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>miner (invalid for many years)</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) _____		11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aurora, Mo.

13. NAME _____

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

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) family hist. not obtainable

17. INFORMANT Dr. Clerk - Lawrence Co., Mo.
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Hosp. Cem. DATE Aug 10 35

19. UNDERTAKER Eichinger
 (ADDRESS) _____

20. FILED 8/19 1935 M. Eichinger
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1921, to Aug. 9, 1935
 I last saw him alive on Aug. 9, 1935. Death is said to have occurred on the date stated above, at 2:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Epilepsy
Epileptic deterioration
acute bronchitis
 Date of onset many years
?
1 wk.

Other contributory causes of importance _____

Name of operation none 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. T. O'Dell M. D.
 (Address) Nevada, Mo.

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.

