

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

Do not use this space.

001 2 2 1935

29002

1. PLACE OF DEATH

2) County Carroll Registration District No. 176
Township Burningham Primary Registration District No. 5244
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 9

2. FULL NAME

Daisy Dean 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Welch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 7-1879</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>9</u>
	DAYS <u>7</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>Housewife</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) <u>Christman, Mo.</u>		
MOTHER	13. NAME <u>William V. Priddy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harrisonburg West Virginia</u>	
	15. MAIDEN NAME <u>Mary E. Ellis</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Indiana</u>		
17. INFORMANT <u>Mrs Mabel Shoop</u> (ADDRESS) <u>Sumner mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Laclede mo</u> DATE <u>Sept 16 1935</u>		
19. UNDERTAKER <u>L. L. Shepard</u> (ADDRESS) <u>Mendonah mo</u>		
20. FILED <u>Sept 15 1935</u> <u>A. R. Lewis</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Sept 14, 1935.
I last saw her alive on Sept 8, 1935. Death is said to have occurred on the date stated above, at 9:15 p.m.
The principal cause of death and related causes of importance were as follows:
gastric carcinoma Date of onset 40

Other contributory causes of importance:
none

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) W. B. Simpson, M. D.
(Address) Brookfield, Mo.

N. B.—Every item of information should be carefully supplied. A 02 should be so stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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