

OCT 24 1935

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

Do not use this space.

29409 ✓

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 287
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1125 No. 7thland St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>Widowed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 22, 1857</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>9</u>	DAYS <u>18</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>at home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Augusta Indiana</u>			
	13. NAME <u>Samuel Welty</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warriick Co. Indiana</u>			
	15. MAIDEN NAME <u>Emeline Murphy</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warriick Co. Indiana</u>			
	17. INFORMANT <u>Mrs. Florence Edwards</u> (ADDRESS) <u>1125 No. 7thland St. Independence</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oakland City</u> DATE <u>Sept 14 1935</u>				
19. UNDERTAKER (ADDRESS) <u>Frays C. Carson</u> <u>101 No. Pleasant St. Independence</u>				
20. FILED <u>9-14-1935</u> <u>J. L. Cook</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/12, 1935

22. I HEREBY CERTIFY, that I attended deceased from Sept. 5, 1935 to Sept. 10, 1935
I last saw her alive on Sept. 3, 1935. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion Date of onset 9/5/35
J. L. Cook
Other contributory causes of importance:
Coronary Arteriosclerosis
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? m

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? m
If so, specify _____
(Signed) Chas. Cronke, M. D.
(Address) Independence

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.

