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

Do not use this space.

29969

OCT 24 1935

1. PLACE OF DEATH

County Lafayette — Registration District No. 461 — File No. 82

Township Lexington — Primary Registration District No. 5625 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Doris Ruth Welcher

(a) Residence, No. Rural route 2 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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28, 1935

7. AGE — YEARS: — MONTHS: — DAYS: 2 — 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.
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) Lexington, Mo

FATHER

13. NAME Louis Welcher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hodge Mo

MOTHER

15. MAIDEN NAME Rosilee Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cross timbers Mo

17. INFORMANT (ADDRESS) Louis Welcher Lexington Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE ~~Lexington Mo~~ Dover Missouri DATE Sept 30 1935

19. UNDERTAKER (ADDRESS) Winklers Lexington, Missouri

20. FILED Sept 30 1935 Jayne Frill Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 35

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1935, to Sept 29, 1935

I last saw her alive on Sept 28, 1935 Death is said to have occurred on the date stated above, at 11:45 P M

The principal cause of death and related causes of importance were as follows:

Premature baby (6 mo) — Date of onset

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Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy?

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? —

If so, specify

(Signed) Ben H Brasher, M. D.

(Address) Lexington, Mo