

JAN 23 1936

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

Do not use this space.

36354

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 1st Primary Registration District No. 1902
City J.P.C. Mo. (No. General Hosp. #2) Registered No. 3557
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 1604 E. 24th St., Welling Ward. (If nonresident, give city or town and State)
Wife of Walter Welch

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 Caucasian
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED (or) WIFE OF Walter Welch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-15-1890
7. AGE YEARS 49 MONTHS 2 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
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) Kans.

FATHER
13. NAME Warren Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans.

MOTHER
15. MAIDEN NAME Hester Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans.

17. INFORMANT (ADDRESS) Record Clerk, General Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn DATE 12-10- 19. 35

19. UNDERTAKER (ADDRESS) Welling - Camp Perry

20. FILED Dec 3 19 35 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30 19 35

22. I HEREBY CERTIFY, That I attended deceased from 11-7 1935 to 11-30 1935
I last saw him alive on 11-30 1935 Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

Acute Coronary Date of onset

Dehydration

Other contributory causes of importance:
Syphilitic Aortitis

Name of operation 34 Date of 1/2
What test confirmed diagnosis? Was there an autopsy? Yes

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) [Signature] M.D.
(Address) General Hosp. #2

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.

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