

MAR 4 1936

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

Do not use this space.

5576

1. PLACE OF DEATH

County HarrisonRegistration District No. 338Township WilsonPrimary Registration District No. 4201City Wilson (No.)

St. Ward)

2. FULL NAME William A. 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

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Welch Hunt6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17, 1861

7. AGE YEARS <u>74</u>	MONTHS <u>4</u>	DAYS <u>5</u>	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone mason

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) about 5 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Iowa13. NAME James Welch14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Ohio15. MAIDEN NAME Elizabeth Dillaw16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Ohio17. INFORMANT Elmer Welch
(ADDRESS) Wilson City Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Wilson City Mo. DATE Feb 16, 193619. UNDERTAKER W. D. Holmes
(ADDRESS) Wilson City Mo.20. FILED 7/28 19 36 Dr. O. O. O'Connell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 193622. I HEREBY CERTIFY, That I attended deceased from March, 1935 to Feb 13, 1936I last saw him alive on Feb 12, 1936. Death is said to have occurred on the date stated above, at 5:00 a.m.

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

mitral insufficiency Date of onset 1935

Other contributory causes of importance

Name of operation

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

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. H. Warren, M. D.(Address) Wilson City 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.

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SECRET

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