

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

Do not use this space.

10037
10035

APR 17 1936

1. PLACE OF DEATH

County Spurkey Registration District No. 288
Township Independence Primary Registration District No. 5406
City Independence (No.) St. Mo. Ward

File No.
Registered No.

2. FULL NAME

(a) Residence, No. St. Mo. Ward
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Nov. 12, 1924
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 11 4 26
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Dunklin Mo

13. NAME B. F. Welty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. Ill.

15. MAIDEN NAME Maggie Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marble Hill Mo

17. INFORMANT B. F. Welty (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Gregory DATE March 9, 1936

19. UNDERTAKER (ADDRESS)

20. FILED April 2, 1936 Paul Hoover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1936

22. I HEREBY CERTIFY That I attended deceased from March 1, 1936 to March 8, 1936
I last saw him alive on March 6, 1936 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:
Gastric hemorrhage Date of onset
pericardial stench
head vessels due to atherosclerosis
Other contributory causes of importance: 120 lb
Secondary anemia

Name of operation 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) Paul Hoover, M. D.
(Address)

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.

