

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

Do not use this space.

MAY 18 1936

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo.

(No. 910 of Alabama)

File No. 14184

Registered No. 584

St.                      Ward                     

2. FULL NAME

(a) Residence, No. Mary J. Welch St.                      Ward                     

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (to be the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 1 - 1847</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>8</u>	DAYS <u>16</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>                    </u>		
10. Date deceased last worked at this occupation (month and year) <u>                    </u>		
11. Total time (years) spent in this occupation <u>                    </u>		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>                    </u>
	13. NAME <u>E. D. Hughes</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>                    </u>
	15. MAIDEN NAME <u>Sallie Reaney</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>                    </u>
FATHER	17. INFORMANT (ADDRESS) <u>John Welch</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph</u>
	19. UNDERTAKER (ADDRESS) <u>Barry Thelie</u>
20. FILED <u>4-20</u> 19 <u>36</u> <u>John R. Bender</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to April 17 1936

Last saw h. v. alive on April 16 1936 Death is said to have occurred on the date stated above, at 9:30 a. m.

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

Arteriosclerotic cardio-renal disease Date of onset 3

Other contributory causes of importance:  
Hypertension  
Senility

Name of operation                      Date of                     

What test confirmed diagnosis?                      Was there an autopsy? No

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) E. D. Hughes M. D.

(Address) St. Joseph, Mo.

