

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

Do not use this space.

26218

SEP 9 1936

**1. PLACE OF DEATH**

County Green Registration District No. 318  
 Township Springfield Primary Registration District No. 2001  
 City Springfield Alcohol Hoop St. \_\_\_\_\_ Ward) \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 566  
 St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Lyle Welsh  
 (a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. Marshfield Mo  
 (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>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE/MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 26-1901</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>0</u>
	DAYS <u>6</u>	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. <u>Farmer</u>	
	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) <u>W. Va</u>		
FATHER	13. NAME <u>S. S. Welsh</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va</u>	
MOTHER	15. MAIDEN NAME <u>Mary Harrington</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va</u>	
17. INFORMANT <u>Della Sprague</u> (ADDRESS) <u>Marshfield Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Nebo</u> DATE <u>July 3</u> 19 <u>36</u>		
19. UNDERTAKER <u>M. Mahan Funeral Service</u> (ADDRESS) <u>Marshfield Mo</u>		
20. FILED <u>7-3-36</u> 19 <u>36</u> <u>Chas A George</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2<sup>nd</sup> 1936

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
I viewed this body and found that he died of Asphyxia, caused by hanging (Date of onset)

Other contributory causes of importance: 165

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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? suicide Date of injury 7-1-36  
 Where did injury occur? in Greene Co Jail (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury suicide by hanging using blanket while suspended  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) M. P. Patterson, M. D.  
 (Address) Springfield, Mo.

*Coroner of Greene County 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.

