

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.

38 OCT 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Bureau Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Joseph, Mo. (No. State Hospital # 2.) St. _____ Ward _____

File No. _____
Registered No. 1153
St. _____ Ward _____

2. FULL NAME Katie Welch

(a) Residence, No. 2018 South Oregon Ward. _____
(Usual place of abode) St. Joseph, Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 12, 1885

7. AGE YEARS 50 MONTHS 3 DAYS 24 IF LESS than 1 day, _____ hrs. or _____ min.

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) St. Joseph, Missouri

13. NAME Jack Welch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ireland

15. MAIDEN NAME Ellen M. Cue

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania

17. INFORMANT (ADDRESS) H. O. Sidenfaden, 1802 Union St., St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL (PLACE) St. Joseph, Mo. (DATE) September 11, 1936

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden, 1802 Union St., St. Joseph, Mo.

20. FILED Sept. 11, 1936 H. H. Nestlebury, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1936 to Sept 6, 1936
I last saw her alive on Sept 6, 1936. Death is said to have occurred on the date stated above, at 4:15 p.m.
The principal cause of death and related causes of importance were as follows:

Infected Decubital Ulcers. Date of onset 9/18/36

Other contributory causes of importance: Spastic Paralysis 9/10 Since Birth

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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) Edward D. Long, M. D.
(Address) State H. of # 2, St. Joseph, Mo.

