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

Do not use this space.

37891

NOV 16 1936

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 2840 Wabash Avenue St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 47150

2. FULL NAME ~~Anthony Joseph~~ Welch, Josie K

(a) Residence, No. 2840 Wabash Avenue St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Nora Welch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 9, 1878

7. AGE: Years 58 | Months 8 | Days 18 | 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.: Laborer
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): Humboldt Kansas

FATHER

13. NAME: John Welch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Abigail Snyder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs. Nora Welch, 2840 Wabash Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Oct. 29, 1936

19. UNDERTAKER (ADDRESS): Freeman Mortuary & Chapel, Kansas City, Missouri

20. FILED: Oct 28, 1936 M. M. Lorowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1936, to Oct 27, 1936

I last saw h~~e~~ alive on Oct 27, 1936. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

	Date of onset
Carcinoma of Esophagus	Month ~~Day~~ Year 1936

Other contributory causes of importance: None

Name of operation: none Date of
What test confirmed diagnosis? H & Exy 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) Walter D. Hook, M. D.
(Address) 510 Professional Bldg

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.

WHEN FILLED, WITH ONLY DEATH RECORDS, THIS IS A PERMANENT RECORD

X7044

Engagement [illegible]
1:20 - 4 P.M.