

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

FEB 8 1937 791
Registration District No.
Primary Registration District No. **10039**
Ex Route City Hospital #1

File No. **3852**
Registered No. **890**
St. Ward)

2. FULL NAME Welton Willms,
(a) Residence, No. 4256 Botanical Av. St., 17 Ward.
(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 Male **4. COLOR OR RACE** White **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) Sept. 19, 1910

7. AGE YEARS 26 MONTHS 4 DAYS 0 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20
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) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Ada Welton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe City, Indiana

17. INFORMANT Edith Ambruster
(ADDRESS) 4234 Manchester

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhallalem DATE 1/22/37

19. UNDERTAKER Edith Ambruster
(ADDRESS) 4234 Manchester

20. FILED JAN 20 1937 J. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physicians in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19th 1937

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

Gun-Shot Wound in head, Self-inflicted,

Suicide

Other contributory causes of importance:
None
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? Suicide Date of injury 1/19, 1937
Where did injury occur? 4256 Botanical
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury See above
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Joseph M. Quinn
(Address) Deputy Coroner

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.

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