SEP 15 193

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

Do not use this space.

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125 File No. 30314
Township Cape Primary Registration District No. 3009 Registered No. 242
City Cape Girardeau (No. ..... St. ..... Ward)

2. FULL NAME Connie May Welker Green
(a) Residence, No. ..... St., ... 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 Female
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 Jesse Green.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23-1912
7. AGE YEARS 25 MONTHS 3 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Kurreville Missouri

FATHER
13. NAME Geo W. Welker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kurreville Mo.

MOTHER
15. MAIDEN NAME Manda Frances Bryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs Thos Klaber Millerville
18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Salem DATE 8/5 1937
19. UNDERTAKER (ADDRESS) McCombs Furn & Und Co Jackson, Mo
20. FILED 8-4 1937 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 - 1937
22. I HEREBY CERTIFY, That I attended deceased from July -15- 1937, to Aug 4, 1937
I last saw her alive on Aug - 3, 1937 Death is said to have occurred on the date stated above, at 3 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemolytic Streptococcus Septicemia	4 days
Other contributory causes of importance: Pelvic peritonitis complicating pregnancy of 3 mo.	2 wks

Name of operation none Date of .....
What test confirmed diagnosis? Blood C. 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) D R Seabaugh, M. D.
(Address) Jackson 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.