OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No. 33651

Township: — Primary Registration District No. 1001 — Registered No. 955

City: St. Joseph, (No. 2201 Doniphan Ave. St. Ward)

2. FULL NAME: Arlena May Welsh

(a) Residence, No. 2201 Doniphan Ave. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: E.K.Welsh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 19, 1858

7. AGE: YEARS 78 — MONTHS 11 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.

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): Glencoe, Ohio

FATHER

13. NAME: Geo. C. Meek

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glencoe, Ohio.

MOTHER

15. MAIDEN NAME: Elizabeth Jane Ault

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Zanesville Ohio

17. INFORMANT (ADDRESS): Mrs. Walter Andrews 2201 Doniphan Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Laclede Missouri DATE: Sept. 4, 1937, 19

19. UNDERTAKER (ADDRESS): Walter Marschoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED: 9-4-1937 H. J. Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 2, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug-19, 1937, to Sept-2, 1937

I last saw her alive on September 2, 1937. Death is said to have occurred on the date stated above, at 9.15 m. P.M.

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

	Date of onset
Myo-Carditis-Chronic	(?)
Heart-Arterio-Sclerotic	(?)
93C	

Other contributory causes of importance: Arterio-Sclerosis General (?)

Name of operation: None Date of: —

What test confirmed diagnosis? Clinical 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) H. W. Carle, M. D.

(Address) Phys. & Surg. Bldg., St. Joseph, 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.