

OCT 18 1937

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

Do not use this space.

PLACE OF DEATH
County Butler Registration District No. 923 File No. 33813
Township Ash Hill Primary Registration District No. 5134e Registered No. 4
City Bradley (No. R#1) St. _____ Ward _____

2. FULL NAME Robert Benton Welch
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie Adaline Lindley

9.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 6 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) 1-3 yrs 11. Total time (years) spent in this occupation. 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradley Mo

FATHER
13. NAME Will Welch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville Mo

MOTHER
15. MAIDEN NAME Sarah Hester
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Marion Welch
(ADDRESS) Bradley Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ash Hill DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED Oct 8 1937 Flores Parks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21 1927

22. I HEREBY CERTIFY, That I attended deceased from June 27 1926 to Sept 21 1927
I last saw him alive on July 1 1927. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis (?)
Died suddenly.
Other contributory causes of importance: Age 93

Date of onset _____

Name of operation no 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) J. Lee Harwell M. D.
(Address) Denlow Bluff Mo

NO.	NAME	RELATION	RESIDENCE	DATE
1	MOTHER	FATHER		
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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

33813

Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 920
(b) Township Ash Hill Primary Registration District No. 5134C
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No.

2. PRINT FULL NAME

Robert Benton Welsh
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19..... Death is said

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

to have occurred on the date stated above

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 6 25

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Date of onset

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Sept 22 1937

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED NOV 10 1937 My Adams Local Registrar

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) J Lee Haywell, M. D.
(Address) Paples Bluff Mo

OCCUPATION IS VERY IMPORTANT. EXACTLY AS PRESCRIBED BY LAW.

SUPPLEMENTARY

Handwritten notes:
Sept 21 1937
1528
and
Heart failure

S-33813