

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

Do not use this space.

1. PLACE OF DEATH

County Johnson Registration District No. 431 File No. 34579
 Township Columbus Primary Registration District No. 5590 Registered No. 94
 City (No. _____) St. _____ Ward _____

2. FULL NAME Frank E. Welhoff, jr.
 (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1937, to Sept 10, 1937
 I last saw him alive on Stillborn Sept 10, 1937 Death is said to have occurred on the date stated above, at 2:20 a. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1937

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>0</u>	<u>0</u>	<u>0</u>	<u>2</u> min.

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Stillborn

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 _____

Other contributory causes of importance:
systocia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson, Co., Mo.

13. NAME Frank E. Welhoff.

Name of operation none Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson, Co., Mo.

What test confirmed diagnosis? _____ Was there an autopsy? No

15. MAIDEN NAME Lottie Bodenhamer.

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co., Mo

17. INFORMANT Frank E. Welhoff.
 (ADDRESS) Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbus DATE Sept. 10, 1937

19. UNDERTAKER Sweeney Phillips.
 (ADDRESS) Warrensburg, Mo.

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. W. Dullness, M. D.
 (Address) Warrensburg Mo

20. FILED Sept 10, 1937 Eva Bentley
 Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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