DEC 14 1937

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

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Do not use this space.

File No. 40620

Registered No.

1. PLACE OF DEATH

County Bellinger

Township Lorance

City Lutesville, (No. St. Ward)

Registration District No. 66

Primary Registration District No. 4038

2. FULL NAME Clara Malbern Welker,

(a) Residence, No. St., Ward. (Usual place of abode) (If nonresident, give city or town and State) 4371

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 W M Welker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 30th 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
4	55	11	23	

OCCUPATION

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

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) Bellinger Co,

FATHER

13. NAME Richard A Welker,

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

MOTHER

15. MAIDEN NAME Nancy S Crew,

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

17. INFORMANT W M Welker

(ADDRESS) Lutesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Baker Cemetery DATE Nov 24 1937

19. UNDERTAKER Baker Funeral Home A J B

(ADDRESS) Lutesville

20. FILED 11-27 1937 J J Conrad Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 23rd 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 1,27 A.m.

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

Carcinoma of Breast.

No Med. attendant

Date of onset 1936

Other contributory causes of importance:

50

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 J Conrad, M. D.

(Address) Lutesville 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.

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