

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 622 Denton Blvd.)

File No. 1730
Registered No. 418
St. _____ Ward _____

2. FULL NAME Mrs. Inez Esther Welch 420

(a) Residence, No. 213 Park 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 Orville Gordon Welch		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1860		
7. AGE	YEARS	MONTHS
	77	9
		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. 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) **Ohio**

13. NAME **Campbell**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

15. MAIDEN NAME **Hanna Duval**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

17. INFORMANT **Warren W. Welch**
(ADDRESS) **213 Park**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Wash. Moriah** DATE **Jan. 26, 1938**

19. UNDERTAKER **D. W. Newcomer's Sons**
(ADDRESS) _____

20. FILED **Jan 25 1938 M. M. Browne**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 24, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **7/9** ¹⁹³⁷ to **1/22** ¹⁹³⁸
I last saw her alive on **1/22** ¹⁹³⁸ Death is said to have occurred on the date stated above, at **1:00 P.M.**
The principal cause of death and related causes of importance were as follows:

Aggravated Cell Carcinoma of Face (Left Cheek) **45**

Other contributory causes of importance:

Cerebral Metastasis

Date of onset	?
	?

Name of operation _____ Date of _____
What test confirmed diagnosis? **Expos.** 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. M. Nason** M. D.
(Address) **Brotherhood Block W. K. C.**

RECEIVED

FEB 1^o 1933

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

*Priththead Bell
Dr 0785*