

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

Do not use this space.

1. PLACE OF BIRTH

21 County Chariton
 Township Ockhill
 City..... (No.....)..... Ward.....

Registration District No. 175
 Primary Registration District No. 5247

File No. 2396
 Registered No. 3
 St. Ward.....

2. FULL NAME

(a) Residence, No. Bynumville Mo. 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 17

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, gas mine, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 17, 1938 to Jan 18, 1938
 I last saw him alive on Jan 18, 1938 Death is said to have occurred on the date stated above, at 5:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Strangulated Niphag-motic Hernia
 Date of onset 1-7-38
 Other contributory causes of importance: Strangulation

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) W. J. Billeter, M. D.
 (Address) Bynumville Mo.

REACTIVE
OCCUPATION
EB 23 1938
BUREAU OF VITAL STATISTICS
MISSOURI STATE BOARD OF HEALTH
(STATE OR COUNTRY)

13. NAME Wm. Welch

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

15. MAIDEN NAME Lizzie Gross

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

17. INFORMANT Mildred Welch
 (ADDRESS) Bynumville Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE M. C. Curran Co. DATE Jan 20, 1938

19. UNDERTAKER Geo. W. Fausch
 (ADDRESS) Marion, Mo.

20. FILED 1-18-38
 Registrar. W. J. Billeter

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

