REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan
Township Washington
City St. Joseph (No. Mo. Methodist Hospital St. Ward)
Registration District No. 85
Primary Registration District No. 1001
File No. 6133
Registered No. 209

2. FULL NAME Josephine Welsh 420
(a) Residence, No. Cameron, Mo. St., Ward. Cameron, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. 9 mos. 1 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1877
7. AGE Years 60 Months 4 Days 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Laclede, Mo.

FATHER
13. NAME A. P. Welsh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER
15. MAIDEN NAME Margaret J. Templeton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belmont, Co. Ohio

17. INFORMANT (ADDRESS) Francis S. Welsh Laclede, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cameron DATE Feb 13, 1938
19. UNDERTAKER (ADDRESS) Fleeman & Son, Inc. 1946 Calhoun St. Joseph, Mo.
20. FILED 2-14, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13th, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937, to February 13, 1938
I last saw her alive on February 13, 1938. Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis - chronic	(?)
131.	
Other contributory causes of importance:	
Anemia Secondary	(?)

Name of operation None Date of
What test confirmed diagnosis? clinical Was there an autopsy? Yes
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) [signature], M. D.
(Address) 301 [illegible]

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.