

REC'D MAY 17 1938

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

14270

Do not use this space.

1. PLACE OF DEATH

(a) County CAPE GIRARDEAU Registration District No. 130
(b) Township LIBERTY Primary Registration District No. 5181
(c) City Arbor, Mo. (d) Street No. _____ Registered No. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Clarence Welman

(a) Residence, No. BENTON, Mo. St. Arbor, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Phronia Welman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 6 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Justice of the peace
9. Industry or business in which work was done, as 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) Bullitt Co.,
(STATE OR COUNTRY) Kentucky

FATHER 13. NAME Thomas A Welman
14. BIRTHPLACE (CITY OR TOWN) Louisville,
(STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Nancy Jon Hill
16. BIRTHPLACE (CITY OR TOWN) Bullitt Co.,
(STATE OR COUNTRY) Kentucky

17. INFORMANT Lee J Welman
(ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem., DATE May 12, 1938
Sikeston, Mo. Haman's Funeral Home

19. FUNERAL DIRECTOR (NAME) Lee J Welman
(ADDRESS) Cape Girardeau, Mo.

20. FILED May 12, 1938 Lawrence H. ...
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 2 P., 1938, to May 11th 12/15 A.M. 1938
I last saw him alive on May 10, 1938. Death is said to have occurred on the date stated above, at 11:15 a.m.
The principal cause of death and related causes of importance were as follows:

arterio sclerosis
heart disease
(acute dilatation)
Date of onset 5/9/38
Other contributory causes of importance: arterio sclerosis 1936

Name of operation 0 Date of 0
What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 1938
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) Wm H. Wesscott, M. D.
(Address) Cape Girardeau Mo.

95B2

445

STATE OF MASSACHUSETTS
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
EXCERPTS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. L. Hamon

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

L. L. Hamon

Licensed Embalmer No.....

2863

P. O. Address.....

Cape Codder M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

14270
Do not use this space.

1. PLACE OF DEATH

(a) County Cape G. Registration District No. 130
 (b) Township _____ Primary Registration District No. 2181 Registered No. _____
 (c) City Cape G. (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Clarence Welman

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 6 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED June 10, 1938 Mrs Wm Stecker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-11- 1938

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 _____ m.

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

Arterio Sclerotic Heart disease
 Other contributory causes of importance: _____

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) Wm H. Westcott M. D.
 (Address) Cape G.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

