

REC'D JUN 7 1938

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

Do not use this space.

18155

1. PLACE OF DEATH

County Dent
Township Franklin
City (No. _____) _____

Registration District No. 266
Primary Registration District No. 5373

File No. _____
Registered No. 31
Ward _____

2. FULL NAME

Mary Ann Welch 420
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

| | | |
|--|---|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Geo. Welch</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3, 1856</u> | | |
| 7. AGE | YEARS <u>81</u> | MONTHS <u>11</u> |
| | DAYS <u>29</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | |
| | 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 _____ |
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dent Co. Mo.</u> | |
| | 13. NAME <u>Will Nelson</u> | |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u> | |
| | 15. MAIDEN NAME <u>Armeta Nelson</u> | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u> | | |
| 17. INFORMANT (ADDRESS) <u>John Geo. Welch</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Miner Cemetery</u> DATE <u>May 2</u> , 19 <u>38</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>N. D. Hobbs</u> | | |
| 20. FILED <u>May 2</u> 19 <u>38</u> <u>J. E. Butler M.D.</u> Registrar. | | |

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|---|
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 1</u> , 19 <u>38</u> |
| 22. I HEREBY CERTIFY, That I attended deceased from <u>4/28/38</u> , 19 <u>38</u> , to <u>4/28/38</u> , 19 <u>38</u> . I last saw him alive on <u>4/28/38</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related cause of importance were as follows: <u>Chronic Myocarditis</u> Date of onset <u>1936</u> |
| Other contributory causes of importance: <u>Stenosis</u> |
| Name of operation <u>None</u> Date of _____ |
| What test confirmed diagnosis? <u>Clinical path</u> Was there an autopsy? <u>No</u> |
| 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? <u>No</u> If so, specify _____ (Signed) <u>Henry H. Berry</u> , M. D. <u>J. E. Butler</u> (Address) _____ |

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

