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

REC'D JUN 15 1938

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

18157
Do not use this space.

1. PLACE OF DEATH
(a) County Dent
(b) Township Texas
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

Registration District No. 1035
Primary Registration District No. 5372 Registered No. 1

2. PRINT FULL NAME Mary Etta Welch 420
(a) Residence, No. St.
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 1938
7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, 2½ hrs. or min.

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) Dent Co Mo.

FATHER
13. NAME Lawrance Welch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo.

MOTHER
15. MAIDEN NAME Flossie Barnes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo

17. INFORMANT (ADDRESS) Lawrance Welch Salem Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wofford DATE 5/2 1938

19. FUNERAL DIRECTOR (ADDRESS) C. K. Spencer Salem Mo.

20. FILED May 2 1938 J. A. Kissock
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 1, 1938.
I last saw her alive on May 1, 1938. Death is said to have occurred on the date stated above, at 9:30 P. m.
The principal cause of death and related causes of importance were as follows:

Asphyxiation — Premature infant

Date of onset

159

Other contributory causes of importance:
Circulatory failure

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? no
If so, specify
(Signed) Jas. D. McKeel, DO. J., M. D.
(Address) Box 385, Salem, Mo

(Licensed Embalmer's Statement on Reverse Side)

J A Kirsock
Maple Mo.

W. the People - Speak.
Columbia Bl. Sta.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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