

DECE OCT 7 1938

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

Do not use this space.

32612

1. PLACE OF DEATH

County Lancaster
Township W. Pleasant
City W. Pleasant (No. 1)

Registration District No. 1050
Primary Registration District No. 5635

File No. _____
Registered No. 9 St. _____ Ward _____

2. FULL NAME

Bertha Ellen Welty
(a) Residence, No. Wentworth Rd. 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

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>J. W. Welty</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 31 - 1890</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>5</u>
	DAYS <u>3</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 <u>1</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ind

FATHER 13. NAME K. W. Walters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
K. W. Walters
unknown

MOTHER 15. MAIDEN NAME Dorcas Cash

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

17. INFORMANT (ADDRESS)
J. W. Welty
Wentworth Rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE Sept 6 1938

19. UNDERTAKER (ADDRESS)
Fassett Funeral Home
W. Pleasant

20. FILED Sept 15, 1938 Rice Woods Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 3 - 1938

22. I HEREBY CERTIFY, that I attended deceased from Aug 25 to Sep 3

I last saw him alive on Sep 3, 1938. Death is said

to have occurred on the date stated above, at 10 P.M.

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

Sarcoma of Breast
and lung
(about 1937)

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Chief 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) P. A. Palmer, M. D.

427 (Address) Wentworth Rd

50

RECEIVED

District Health Officer No. 6,

District File Number 6-38-245

Date Filed 10/5/38

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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Do not use this space.

1. PLACE OF DEATH
 (a) County Laurence Registration District No. 1050
 (b) Township mt pleasant Primary Registration District No. 2635
 (c) City mt pleasant (d) Street No. _____ Registered 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 Ellen Welty
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W
 (write the word)
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS 48 MONTHS 5 DAYS 3 If LESS than 1 day, _____ 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) _____
- 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 _____, 19____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3, 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:
Bacteria of breast
with lungs
in an area of left
breast
 Other contributory causes of importance: 500
- Date of onset _____
- 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) P. A. Holmes M. D.
 (Address) Mount Vernon Ind

Local Registrar.

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

SUPPLEMENTARY

S-32612