

NOV 27 1938

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

36191  
Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 496  
 (b) Township Brookfield Primary Registration District No. 3025 Registered No. 7887  
 (c) City Brookfield (d) Street No. The Larney Hospital 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. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 439 MARTHA H. WELSH St.  Sumner, Mo.  
 (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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilmer Welsh  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1870  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 0 6  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Oct, 1938 11. Total time (years) spent in this occupation 50  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bell Plain Minnesota  
 FATHER 13. NAME Samuel Fowler  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known  
 MOTHER 15. MAIDEN NAME Finch  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont  
 17. INFORMANT Mrs. Everett Allen  
 (ADDRESS) Sumner, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Laclade Cem. DATE Oct 31 38  
 19. FUNERAL DIRECTOR Rusk Funeral Home  
 (ADDRESS) Brookfield, Mo.  
 20. FILED Nov 1 38 Producers  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 10-19, 1938 to 10-29, 1938  
 I last saw him alive on 10-29, 1938. Death is said to have occurred on the date stated above, at 8:30 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Intestinal obstruction Date of onset 10/15  
peritonitis  
Acute myocarditis  
 Other contributory causes of importance: 172  
 Name of operation ileostomy Date of 10/19  
 What test confirmed diagnosis? usual Was there an autopsy? No  
 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) A. C. Finch M.D.  
 (Address) Brookfield Mo

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.

922  
RECEIVED

District Health Officer No. 10

District File Number 10-38-476

Date Filed 11-3-38

STATEMENT BY LICENSED EMBALMER

I, H. Be Wright, Licensed Embalmer No. 3718

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

H. Be Wright L. E.

No. 3718 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed H. Be Wright  
Licensed Embalmer No. 3718

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.)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

36191  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Linn Registration District No. 496  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3628 Registered No. \_\_\_\_\_  
 (c) City Brookfield (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.

2. PRINT FULL NAME Martha H Welch  
 (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 7 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 MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 0 6

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) Oct 29 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 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:  
Intestinal obstruction Date of onset 10/16  
Gastronitis  
Acute myo-Carditis  
 Other contributory causes of importance: 1938  
fecalith - size of golf ball at junction of ileum & jejunum

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 C. C. Znoch M. D.  
 (Signed) \_\_\_\_\_ (Address) Brookfield Mo

SUPPLEMENT

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

Local Registrar.

