

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.

REC'D FEB 21 1939

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

1895
Do not use this space.

1. PLACE OF DEATH *Cape Girardeau* ✓
 (a) County *Cape Girardeau* Registration District No. *124*
 (b) Township *White Water* Primary Registration District No. *5183*
 (c) City (d) Street No. 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.
426 Pusly Amos Welker
 2. PRINT FULL NAME *Pusly Amos Welker*
 (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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 1 1916*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 10 1

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farm Labor*

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) *Cape Gir Co, Mo*

FATHER

13. NAME *Wm Welker*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cape Gir Co, Mo*

MOTHER

15. MAIDEN NAME *Josie Otis*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cape Gir Co, Mo*

17. INFORMANT (ADDRESS) *Mrs Wm A. Os, Millersville Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Old Salem Cem* DATE *Jan 3 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *M. C. Combs 7446 Jackson Mo*

20. FILED *1-20-39 D. B. Subert*
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 2 1939*

22. I HEREBY CERTIFY That I attended deceased from *July 1 1937* to *Jan 2 1939*
 I last saw him alive on *Jan 2 1939* Death is said to have occurred on the date stated above, at *2:30 p. m.*
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
 Date of onset *1937*

Other contributory causes of importance: *59 none*

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) *D. B. Subert*, M. D.
 (Address) *Jackson Mo*

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.