

REC'D FEB 25 1939

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

3288

Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 611
 (b) Township Buffalo Primary Registration District No. 5-813 Registered No. _____
 (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.

2. PRINT FULL NAME

436 Tamma Isabel Welker
 (a) Residence, No. Seneca, Mo. RFD 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 1859

7. AGE YEARS 79 MONTHS 4 DAYS 25 If LESS than 1 day,hrs. ormin.

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) XXXXXX York X State X (STATE OR COUNTRY) IOWA

13. NAME George Kellogg

14. BIRTHPLACE (CITY OR TOWN) New York State (STATE OR COUNTRY)

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) New York State (STATE OR COUNTRY)

17. INFORMANT Leda B. McKell (ADDRESS) Seneca, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca Cemetery DATE Jan. 17 1939

19. FUNERAL DIRECTOR Mitchell Chase (ADDRESS) Seneca, Mo.

20. FILED Jan 20 1939 Merle Sparlin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14th 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1939, to 1-14, 1939

I last saw her alive on 1-14, 1939. Death is said to have occurred on the date stated above, at 11 p. m.

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

Valvular disease of heart

Date of onset

Other contributory causes of importance: AD

Name of operation none 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) W. C. Barrard, M. D.

(Address) Seneca Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-39-266

Date Filed FEB 15 1939

STATEMENT BY LICENSED EMBALMER

I, Barley Thompson, Licensed Embalmer No. 3259

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

L. E.

No. 3259 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Barley Thompson

Licensed Embalmer No. 3259

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.)