

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

6091
Do not use this space.

REC'D MAR 15 1939

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
 (b) Township II Primary Registration District No. 3009 Registered No. 51
 (c) City Cape Girardeau (d) Street No. Southeast Mo. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ronald Lee Welch

(a) Residence, No. 421 North Pacific 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1938
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 2 16

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. Child
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cape Girardeau, Mo.
 (STATE OR COUNTRY)

FATHER 13. NAME Lester Welch

14. BIRTHPLACE (CITY OR TOWN) Cape Girardeau, Missouri
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mae Bollinger

16. BIRTHPLACE (CITY OR TOWN) Sedwickville, Missouri
 (STATE OR COUNTRY)

17. INFORMANT Lester Welch
 (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cemt. DATE Feb. 6, 1939

19. FUNERAL DIRECTOR (NAME) Haman's Funeral Home
 (ADDRESS) Cape Girardeau, Mo.

20. FILED 2-4 29 Jm. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1939, to Feb. 4, 1939
 I last saw him alive on Feb. 4, 1939. Death is said to have occurred on the date stated above, at 8:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Septic Pyemia
It was acutely overwhelmed + P.M. found petechial haemorrhages in lungs, thymus +
 Other contributory causes of importance: Kidney p.
 Date of onset Feb. 4?
36

Name of operation _____ Date of _____
 What test confirmed diagnosis? P.M. 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) Carl A. Smith, M. D.
 (Address) Cape Girardeau

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

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 *L. L. Haman*

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau,*

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.