

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

Do not use this space.

1350 MAY 22 1939

1. PLACE OF DEATH

County Wodaway Registration District No. 626  
 Township Independence Primary Registration District No. 5828  
 City Paris, Mo. (No. 429) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 15682  
 Registered No. \_\_\_\_\_

2. FULL NAME Betty Colleen Welch

(a) Residence, No. \_\_\_\_\_ 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 Female 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
10 11 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha, Neb. 0

13. NAME Paul Jennings Welch 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Mo.

15. MAIDEN NAME Jenny Lucile McMan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piercing, Mo.

17. INFORMANT Paul Jennings Welch  
 (ADDRESS) Los Angeles, Calif.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paris, Mo. DATE April 17, 1939

19. UNDERTAKER Madams  
 (ADDRESS) Paris, Mo.

20. FILED Apr 17, 1939 W. F. Kennedy  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1939 to April 15, 1939  
 I last saw h. alive on April 15, 1939. Death is said to have occurred on the date stated above, at 10 a. m.  
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset April

Other contributory causes of importance: 108

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) Egbert Crowson M. D.  
 (Address) Paris, 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.

RECEIVED  
District Health Officer No. 11,  
District File Number 39-412  
Date Filed MAY 3 1939