

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

DEC'D MAY 18 1939

1. PLACE OF DEATH

County Pettis CountyRegistration District No. 668File No. 15757

Township

Primary Registration District No. 5885Registered No. 127City Hughsville Mo.(No. Hughsville Mo. 4399)

St. _____ Ward _____

2. FULL NAME Laura Josaphine Welborn(a) Residence, No. Hughsville

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 2-1857</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>2</u>	DAYS <u>5</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>
	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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Aullville Mo. 22</u>
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MOTHER	13. NAME <u>Dr. Jacob Welborn</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>
	15. MAIDEN NAME <u>Phoebe Jane Spurgan</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>

FATHER	17. INFORMANT (ADDRESS) <u>Frank Welborn</u>
	18. BURIAL, CREMATION, OR REMOVAL <u>From this</u>

MOTHER	19. UNDERTAKER (ADDRESS) <u>W. J. Munnish</u>
	20. FILED <u>4-15-1939</u> <u>Mrs. Mary Sneed</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7-193922. I HEREBY CERTIFY, That I attended deceased from 1938 to 1939I last saw h. 27 alive on Feb. 1939 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:

Date of onset

Smile Debility162

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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 none24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) B. P. Bartwright M. D.(Address) Hughsville Mo.

Dr W. J.

Bishop
Sickles

795-

C.P.

Dr Denton

Kingfield

Episcopal

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District File Number
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