

REC'D AUG 17 1939

Dr. Chenoweth

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

25939

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township _____ Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. 27th Willard St.
 (e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

4-20 Elsie Mae Welch
 (a) Residence, No. 27th & Willard 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 9 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Nickerson 1
 (STATE OR COUNTRY) Kansas

FATHER 13. NAME Thomas Purkett 0
 14. BIRTHPLACE (CITY OR TOWN) St. Joseph 1
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Sarah F. Bigger
 16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. C A Brantley
 (ADDRESS) 27th & Willard, Joplin

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Park Cem DATE 7-20-39 19

19. FUNERAL DIRECTOR (NAME) Reynolds Mortuary
 (ADDRESS) Joplin, Missouri

20. FILED 7-19-39 Ed D James
 Local Registrar. 392

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1939, to July 18, 1939
 I last saw h. u alive on July 18, 1939 Death is said to have occurred on the date stated above, at 7:55 p.m.

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

Cerebral Hemorrhage Date of onset ?

Other contributory causes of importance:

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) J Chenoweth M. D.

(Address) Joplin Mo.

RECEIVED

District Health Officer No. 6,

District File Number 839-1647

Date Filed AUG 10 1939

DEC 15 1954

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

F. M. Jones

Licensed Embalmer No.

2319

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.