

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

REC'D AUG 14 1939

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

Do not use this space.

80  
4  
4

1. PLACE OF DEATH  
County Pettis Registration District No. 668  
Township Ledwell Primary Registration District No. 5032  
City Ledwell (No. 420) St. Ledwell Ward 1

2. FULL NAME Infant Son of Mr. & Mrs. L. Welch  
(a) Residence, No. Pettis, Harrison St. Ledwell Ward 1  
(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.

26504

File No. 230  
Registered No. 230

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1939  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Ledwell (STATE OR COUNTRY) Missouri

13. NAME L. Welch

14. BIRTHPLACE (CITY OR TOWN) St. Clair Co. (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Eva Pickell

16. BIRTHPLACE (CITY OR TOWN) St. Clair Co. (STATE OR COUNTRY) Missouri

17. INFORMANT L. Welch (ADDRESS) Pettis, Harrison

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Cypress Hill DATE 7-20-39

19. UNDERTAKER Deane Curry (ADDRESS) Ledwell

20. FILED 7-20 19 39 Wm. Harry Sneed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19 19 39  
22. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw h. alive on 19 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:

Stillborn  
Date of onset 7/19/39

Other contributory causes of importance:

Name of operation Instrumental delivery Date of 7/19/39  
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?  
If so, specify  
(Signed) D. P. Sneed, M. D.  
(Address) Ledwell

Hyer

Roll Baker

RECEIVED  
District Health Officer No. 8,  
District File Number 89734  
Date Filed