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.

FEB MAR 15 1940

1. PLACE OF DEATH
County Nodaway 0 Registration District No. 625 File No. 7579
Township Primary Registration District No. 3031 Registered No. 12
City Maryville (No. St. Francis Hospital St. Ward)

2. FULL NAME 420 Rose Mary 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 F
4. COLOR OR RACE W
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) Jan - 17 - 1940
7. AGE YEARS 0 MONTHS 0 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Maryville Mo 0 1

FATHER
13. NAME Frank L. Welch 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Ohio

MOTHER
15. MAIDEN NAME Christie B. Waldier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parnell Mo

17. INFORMANT (ADDRESS) Mr. & Mrs Frank L. Welch Parnell Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Parnell Cem DATE 2 - 16 1940
19. UNDERTAKER (ADDRESS) Newton Lane Ravenwood Mo
20. FILED 2 - 15 - 1940 Mamie E. Clardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 14, 1940
22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1940, to 2 - 14, 1940
I last saw her alive on 2 - 14, 1940 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:
Streptococcus Septicemia — Date of onset 1-25-40

67

Other contributory causes of importance:
Enlarged Thymus

Name of operation None Date of
What test confirmed diagnosis? Clinical Lab. 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 None
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. M. Boyles M. D.
(Address) Conception Jct Mo

RECEIVED
District Health Officer No. 11,
District File Number 340-377
Date Filed MAR 14 1940