

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.

FILED APR 17 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BollingerRegistration District No. 69Township WaynePrimary Registration District No. 56128City Greenbrier (No. 1)St. Wayne Ward2. FULL NAME Effie Jane Welker(a) Residence, No. SameSt. Wayne Ward.

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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFJ.W. Welker

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

Oct. 31, 1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.54415

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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)Hollinger Co.

FATHER

13. NAME

John Schrum14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Bollinger Co.

MOTHER

15. MAIDEN NAME

Tilda Ann Hahn16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Bollinger Co.17. INFORMANT
(ADDRESS)J. W. Welker
Greenbrier, Mo.

18. BURIAL, CREMATION OR REMOVAL

PLACE

Plain View

DATE

Mar. 17194019. UNDERTAKER
(ADDRESS)Baker Funeral Home
Louisville, Mo.

20. FILED

3/251940Mar.151940Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 151940

22. I HEREBY CERTIFY, That I attended deceased from

15th Feb1940

to

Mar 181940

, 1940

I last saw her alive on Mar 18, 1940 Death is saidto have occurred on the date stated above, at 1:00 P.

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

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

22

Name of operation

Date of

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)

C. R. Reynolds

M. D.

(Address)

Adrianad Mo.

1911

1912

1913

1914

1915

1916

1917

1918

1919

1920

1921

1922

1923

1924

1925

1926