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

Do not use this space. 11967

FILED MAR 28 1944

1. PLACE OF DEATH
County St Francois — Registration District No. 316 — File No.
Township Randolph — Primary Registration District No. 6074 — Registered No. 35
City Wortham (No. ..... St. ..... Ward)

2. FULL NAME Sarah Katherine Welch
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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) Widowed
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Wm Welch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby. 24, 1866
7. AGE YEARS 78 MONTHS — DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) Mo

FATHER
13. NAME John Larkin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Martha Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. McLenehan Wortham Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mitchell DATE 2/2 1944
19. UNDERTAKER (ADDRESS) Sparks Mills Flat River Mo
20. FILED 3-3-1944 19 Byrdie Buhrmester Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby. 29, 1944
22. I HEREBY CERTIFY, That I attended deceased from Feby. 29, 1944, to Feby 29, 1944
I last saw her alive on Feby. 29, 1944. Death is said to have occurred on the date stated above, at 9 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	

Other contributory causes of importance: Old age 92 e 2

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? No
If so, specify .....
(Signed) Arnold Trowbitz 3/1/44 M. D.
(Address) Leadwood, Mo

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.

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Everett Sparks
Lum 4287.
Flat River
Missouri