

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

1 PLACE OF DEATH

6751

County Jackson

Township Kaw

Registration District No. 330

File No. 6751

Village Kansas City

Primary Registration District No. 10300

Registered No. 330

City Kansas City (No. 7200 Independence Road) Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Albert S. Welch

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

16 DATE OF DEATH February - 28 - 1916  
(Month) (Day) (Year)

6 DATE OF BIRTH Sept 2 1853  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec - 1 - 1915 to Feb - 28 - 1916

7 AGE 62 yrs. 5 mos. 26 ds. If LESS than 1 day.....hrs. or.....min.?

that I last saw him alive on Feb - 28 - 1916 and that death occurred, on the date stated above, at 4:10 P. m.

8 OCCUPATION (a) Trade, profession, or particular kind of work Teamster (b) General nature of industry business, or establishment in which employed (or employer)

The CAUSE OF DEATH\* was as follows:  
100 Chronic Bronchitis - 99

9 BIRTHPLACE (City or town, State or foreign country) Ohio

(Duration) yrs. 2 mos. ds.

10 NAME OF FATHER Wm. Welch

CONTRIBUTORY arteriosclerosis (Secondary)

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio

(Duration) yrs. 5 mos. ds.

12 MAIDEN NAME OF MOTHER Julia Ockerman

Signed D. W. Martin M. D. (Address) 6800 Wash Plk Blvd

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio

\*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Hannah Z Welch

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. 7 mos. ds. In the State 11 yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

(Address) 7200 Independence Rd.

19 PLACE OF BURIAL OR REMOVAL Mt. Washington DATE OF BURIAL Feb. 29 1916

15 Filed FEB 29 1916 Paul Payner Registrar

20 UNDERTAKER D. W. McComber ADDRESS 2111 E 9th. St.

