

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

Do not use this space.

20736

1027 PLACE OF DEATH
County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. Missouri Methodist Hospt.) St. _____ Ward _____

File No. _____
Registered No. 738

2. FULL NAME Gertrude Violet Welden
(a) Residence. No. 820 Locust St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch. 4--1875
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 52 4 24
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Machine Operator
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Wheeler Motter Merc. Co

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri
10. NAME OF FATHER Abel Welden
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Utica
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Permelia Henderson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hannibal
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Albert Scull
(Address) 820 Locust Street

15. FILED John G. W... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28- 1927
17. I HEREBY CERTIFY That I attended deceased from July 15 1927 to July 28 1927
(that I last saw her alive on July 28 1927, and that death occurred, on the date stated above, at 10:30 p. m.)

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cardiac failure from Ex. ph. the clinic B...

CONTRIBUTORY (SECONDARY) LOW
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH...
DID AN OPERATION PRECEDE DEATH? yes DATE OF July 21-1927
WAS THERE AN AUTOPSY? No DATE OF July 28-1927
WHAT TEST CONFIRMED DIAGNOSIS? Basal metabolism
clinical symptoms
(Signed) Carl Peter M. D.
7/29 1927 (Address) 8th Jaraon Street

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashland, Cemetery DATE OF BURIAL July 30 1927

20. UNDERTAKER St. Mirshoffer ADDRESS 1302 Jaraon

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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