CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 17 1928

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

Do not use this space.

35843

1. PLACE OF DEATH

County Andrew — Registration District No. 13 — File No. 3

Township — Primary Registration District No. 4010 — Registered No. 78

City Savannah, (No. Dr. Nichols' Sanitorium St. Ward)

2. FULL NAME B. H. Welch,

(a) Residence. No. St., Ward. Grand Rapids, Michigan.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maud Welch,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
About	35	Unk.	Unk.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unknown.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown,

PARENTS

10. NAME OF FATHER Unknown,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

12. MAIDEN NAME OF MOTHER Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT F. A. Bowman
(Address) Savannah, Missouri,

15. FILED Dec 16, 1927 C. O. Jefferies REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1927, to Dec 14, 1927 that I last saw him alive on Dec 14, 1927, and that death occurred, on the date stated above, at 12 15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemmorrhage

[illegible] (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Dart Heron

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical finding

12/14 (Signed) E. Mitchell, M.D.

, 1927 (Address) Savannah Mo.

*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	DATE OF BURIAL
Grand Rapids, Michigan	Dec. 16 1927

20. UNDERTAKER	ADDRESS
F. A. Bowman	Savannah, Mo.