DEC 27 1928

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

334

Do not use this space.

33353

1. PLACE OF DEATH
County Harrison — Registration District No. ~~249~~ — File No.
Township Butler — Primary Registration District No. ~~4449~~ 4497 — Registered No. 14
City Bethany (No. ..... St. ..... Ward)

2. FULL NAME Addie May Welsh

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

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: F M
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 OF: Victor Welsh

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 2 - 1885

7. AGE: 43 YEARS — MONTHS: 7 — DAYS: 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrison Co Mo

PARENTS
10. NAME OF FATHER: John Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Rebeca Collins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT (Address): Victor Welsh

15. FILED Oct 10 1928 H A Cunningham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1928 to Oct 8, 1928 that I last saw her alive on Oct 8, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Puerperal Septicemia

146 (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A L Wissling, M. D
Oct 9, 1928 (Address) Bethany 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: Everley Cemetary Coffey — DATE OF BURIAL: Oct 10 1928

20. UNDERTAKER: W T Brennum — ADDRESS: Coffey

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.

WRITE PLAINLY, WITH UNFADING INK—PRINTING IS A PERMANENT RECORD

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Harrison — Registration District No. 334 — File No.

Township: — Primary Registration District No. 4199 — Registered No. 14

City: Bethany (No. ..... St. ..... Ward)

2. FULL NAME Addie May Welsh

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Victor Welsh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2 - 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	43	7	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Harrison Co.
(STATE OR COUNTY) Mo

PARENTS
10. NAME OF FATHER John Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTY)
12. MAIDEN NAME OF MOTHER Rebecca Collins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTY)

14. INFORMANT Victor Welsh
(Address)

15. FILED 11/10 1928 W. J. Hamed REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 1928

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Puerperal Septicemia
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
Oct 9 1928 (Signed) A. L. Wessling, M. D
(Address) Bethany Mo

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Everley Cemetery	Oct 10 1928
20. UNDERTAKER	**ADDRESS**
W. G. Bressman	Coffey

SUPPLEMENTARY 146

N. B.—Every item 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW