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

Do not use this space.
36984

1. PLACE OF DEATH
County: Holt — Registration District No.: 371
Township: Clay — Primary Registration District No.: 3517
City ..... (No. ..... St. ..... Ward)
File No.: 1
Registered No.: 1

2. FULL NAME: Elmer Welch

(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: Male
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: Crippled from Infancy Bed Fast

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

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	9	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ✓
(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): Holt Co Mo.

PARENTS
10. NAME OF FATHER: John Welch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Ill
12. MAIDEN NAME OF MOTHER: Caroline Hewitt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Holt Co. Mo

14. INFORMANT: John Welch
(Address): Maitland Mo.

15. FILED: 11/14, 1929 — M. Kelly, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 13 1929

17.
I HEREBY CERTIFY, That I attended deceased from 11-13 1929, to 11-13 1929
that I last saw him alive on 11-13, 1929, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Probably Lobar Pneumonia
108
3 or 4 days
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Crippled from infancy by spinal infantile
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? History of Cases
(Signed) E. M. Fiddley, M. D
11/13, 1929 (Address) Graham 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: H & P Cemetery. Maitland Mo.
DATE OF BURIAL: 11/15 1929
20. UNDERTAKER: H H Crawford
ADDRESS: Maryville Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.