

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

Do not use this space.

37749

1. PLACE OF DEATH  
 County Macon Registration District No. 233  
 Township Macon Primary Registration District No. 3027  
 City Macon (No. ....) St. .... Ward) ....  
 4 FULL NAME Jonathan S. 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Rebecca Welch  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 8 - 1849  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
80 8 20  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired 52 530  
 (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) Tenn  
 10. NAME OF FATHER Elijah Welch  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Tenn  
 12. MAIDEN NAME OF MOTHER Ann Knudson  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Tenn

14. INFORMANT Dr. H. A. Welch  
 (Address) Callao, Mo.

15. FILED 11/30, 1929 Mrs. Luke Junkler  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/28 1929  
 17. I HEREBY CERTIFY, That I attended deceased from 1926 to death Nov 28, 1929, to ..... 19..... that I last saw him alive on Nov 20, 1929, and that death occurred, on the date stated above, at 5 PM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cancer of face involving the frontal bone & all the soft tissues. Complications  
None (duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) None (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 48  
 IF NOT AT PLACE OF DEATH, .....  
 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
 WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....  
 (Signed) E. W. Redman, M. D.  
11/28, 1929 (Address) Macon 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 Oakwood Cem DATE OF BURIAL 12/1st 1929

20. UNDERTAKER Stephens & Gooding ADDRESS Macon, Mo.

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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PARENTS

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