

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

Do not use this space

57

**1. PLACE OF DEATH**

County New Madrid Registration District No. 6-67 File No. \_\_\_\_\_  
 Township St John Primary Registration District No. 5-803 Registered No. 16  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John Forster Welborn

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 16 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work infant  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Madrid Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER \_\_\_\_\_  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Nora Welborn  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Madrid Mo  
 (STATE OR COUNTRY)

14. INFORMANT J. M. Milligan  
 (Address) Michener, etc

15. FILED 2-28-1930 Duffin/Hodge REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 26 1930 to Feb 28 1930  
 that I last saw him alive on Feb 28 1930 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature Birth

159 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 161 W  
 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

18 DID AN OPERATION PRECEDE DEATH DATE OF \_\_\_\_\_

18 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) J. Martin, M. D.

. 19 (Address) Garrison

\*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 Dogwood DATE OF BURIAL 2/28 1930

20. UNDERTAKER Ed Shelby ADDRESS Good Prairie Mo

