

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

Do not use this space.

18977

1. PLACE OF DEATH
 21 County Chariton Registration District No. 175
 5 Township Primary Registration District No. 4104
 2 City Salisbury (No. St. Ward)
 2 FULL NAME McNutt Welch
 (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.

File No.
 Registered No. 23
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Welch
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 21-1885
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 6 13
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work merchant
 (b) General nature of industry, business, or establishment in which employed (or employer) 171
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1932
 17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pistol wound #32 in heart
167 147
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Suicide (5)
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1
 10. NAME OF FATHER Mr J F Welch
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
 12. MAIDEN NAME OF MOTHER Lucy U McNutt
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
 14. INFORMANT Mrs Mary Welch
 (Address) Salisbury Mo
 15. FILED 6/6 1932 H W Hawkins REGISTRAR

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) H W Hawkins M.D.
94 .1932 (Address) Salisbury 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
Salisbury Cem 6-7 1932
 20. UNDERTAKER ADDRESS
Winkelmeyer Bros Salisbury Mo

A. 2.—Every item of information should be carefully supplied. No information should be omitted. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. No other information should be omitted.

JUL 22 1932

