

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MIN 21 1933

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

Do not use this space.

1. PLACE OF DEATH
 20 County Cedar Registration District No. 163
 Township Cedar Primary Registration District No. 5232
 City (No. _____) _____ St. _____ Ward _____

File No. 15960
 Registered No. 35

2. FULL NAME William D Welcome
 (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. 2 mos. 13 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nettie Welcome</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July-1-1867</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>10</u>	Days <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>		
13. NAME <u>L. Welcome</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Eliza Alexander</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>		
17. INFORMANT <u>Mrs Nettie Welcome</u> (ADDRESS) <u>El Dorado Springs, Mo., d. 3</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hazel Dell</u> DATE <u>5-15-1933</u>		
19. UNDERTAKER <u>Gwinm-Siders</u> (ADDRESS) <u>El Dorado Springs, Mo</u>		
20. FILED <u>May 14, 1933</u> <u>G. W. Dawson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-18-1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933, to May 13, 1933
 I last saw him alive on May 10, 1933 Death is said to have occurred on the date stated above, at 11:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of the prostate
46B
 Other contributory causes of importance:
Acute prostatic abscess
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Microscope Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) L. T. Dunaway M. D.
 (Address) El Dorado Springs, Mo

