

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

Do not use this space.

42374

1. PLACE OF DEATH *Home* JAN 10 1935
 County *Marion* Registration District No. *211*
 Township *Marion* Primary Registration District No. ~~4408~~
 City *Centerton* (No. *5291*) St. *19* Ward *19*

2. FULL NAME *Charles James Welch*
 (a) Residence, No. *Centerton* St. *no* Ward. *no*
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *3* yrs. *0* mos. *0* ds. How long in U. S., if of foreign birth? *1* yrs. *0* mos. *0* 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 *Sept 14 - 1902*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 14 - 1902*
 7. AGE YEARS *32* MONTHS *2* DAYS *16* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Invalid*
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Lohman Mo*
 (STATE OR COUNTRY)

13. NAME *Geo J Welch*

14. BIRTHPLACE (CITY OR TOWN) *Mo*
 (STATE OR COUNTRY)

15. MAIDEN NAME *Mary Bennett*

16. BIRTHPLACE (CITY OR TOWN) *Mo*
 (STATE OR COUNTRY)

17. INFORMANT *Deputy Welch*
 (ADDRESS) *Centerton Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Markus* DATE *Dec 3 31*

19. UNDERTAKER *Dawson - Tinsler*
 (ADDRESS) *Centerton Mo*

20. FILED *12/10* 19 *34* *H.T. Seach M.D.*
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 1 34*
 22. I HEREBY CERTIFY, That I attended deceased from *Sept 8*, 19*34*, to *November 30*, 19*34*
 I last saw him alive on *November 30*, 19*34* Death is said to have occurred on the date stated above, at *1:00* p.m.
 The principal cause of death and related causes of importance were as follows:

Acute Nephritis
Chronic Valvular Heart Disease
 Other contributory causes of importance:
Chronic Valvular Heart Disease

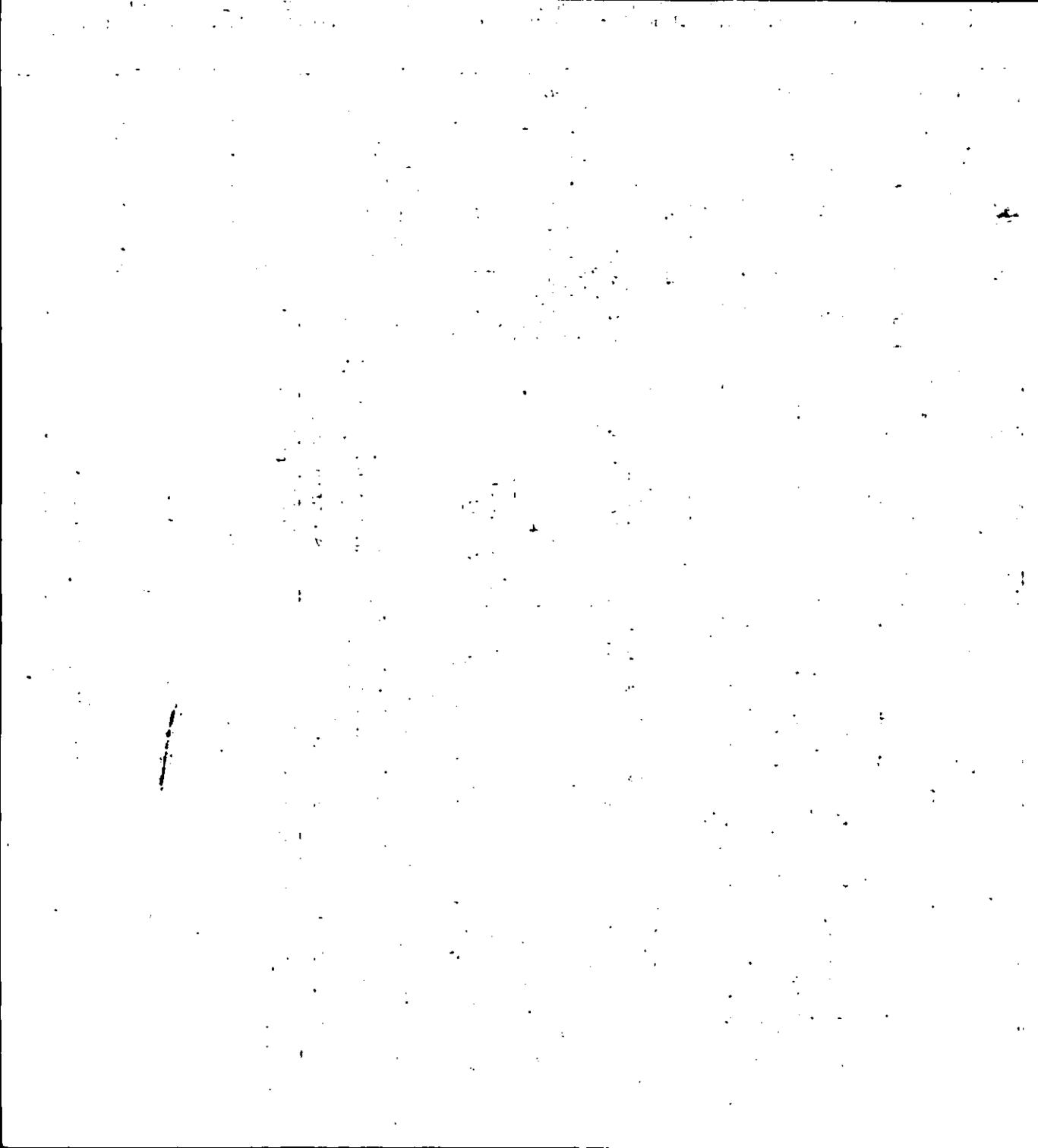
Name of operation *none* Date of *no*
 What test confirmed diagnosis? *laboratory* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *none* Date of injury *no*, 19...
 Where did injury occur? *no*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *no*
 Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify *no*
 (Signed) *Frank J. Nichols*, M. D.
 (Address) *Centerton, 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.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cole
Township Mason
City..... (No. St. Ward)

Registration District No. 211
Primary Registration District No. 5291

File No.
Registered No. 19

2. FULL NAME

Charles James Welch

(a) Residence, No. St., Ward (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

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

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

7. AGE YEARS 32 MONTHS 2 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) (time (years) set in this occupation)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 12/1, 1934 H. T. Leach, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....
I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

ac nephritis
attending physician
said didn't know
Other contributory causes of importance:
cause

Date of onset

Name of operation 22a Date of
What test confirmed diagnosis? Was there an autopsy?

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) , M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

JAN 8 1935

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