

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.

DEC 17 1935 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.  
**15771-1**  
File No. **15**

1. PLACE OF DEATH  
 County Camden Registration District No. 117  
 Township Chaya Primary Registration District No. 5167  
 City Camdenton (No. ....) St. .... Ward (No. ....)

2. FULL NAME Leon Allen 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<br><u>Male</u>                                                                        | 4. COLOR OR RACE<br><u>White</u>                                                                                | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                                 |                                                                                                                 |                                                                            |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct - 6 - 1872</u>                                |                                                                                                                 |                                                                            |
| 7. AGE                                                                                       | YEARS<br><u>62</u>                                                                                              | MONTHS<br><u>7</u>                                                         |
|                                                                                              | DAYS<br><u>13</u>                                                                                               | IF LESS than 1 day, .... hrs. or .... min.                                 |
| OCCUPATION                                                                                   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Carpenter</u> |                                                                            |
|                                                                                              | 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) (STATE OR COUNTRY) <u>Putnam Co. Mo.</u>                       |                                                                                                                 |                                                                            |
| MOTHER FATHER                                                                                | 13. NAME <u>Abrose Welch</u>                                                                                    |                                                                            |
|                                                                                              | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>USA?</u>                                                    |                                                                            |
|                                                                                              | 15. MAIDEN NAME <u>Adeline Mannou</u>                                                                           |                                                                            |
|                                                                                              | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>                                                |                                                                            |
| 17. INFORMANT <u>Jerome Welch</u><br>(ADDRESS) .....                                         |                                                                                                                 |                                                                            |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Clamay Springs Mo.</u> DATE <u>May 20 1935</u> |                                                                                                                 |                                                                            |
| 19. UNDERTAKER <u>Albi Bankow</u><br>(ADDRESS) <u>Camdenton Mo.</u>                          |                                                                                                                 |                                                                            |
| 20. FILED <u>Dec 10 1935</u> <u>Lizzie Miller</u><br>Registrar.                              |                                                                                                                 |                                                                            |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1935, to May 19 1935  
 I last saw him live on May 19 - 8:45 Death is said to have occurred on the date stated above, at 11 P m.  
 The principal cause of death and related causes of importance were as follows:  
Tuberculosis  
Chorea  
 Date of onset 34

Other contributory causes of importance  
None

Name of operation None Date of .....

What test confirmed diagnosis? Phys. Expt. Was there an autopsy? No

23. If death was due to external causes (violence, fill in also the following:  
 Accident, suicide, or homicide? .....

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? No  
 If so, specify .....

(Signed) E. E. Tombores M. D.  
 (Address) Camdenton Mo.

