

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

Do not use this space.

27

3224

1. PLACE OF DEATH
 53 County Walden Registration District No. 449
 2 Township Lebanon Primary Registration District No. 4267
 1 City Lebanon (No. _____) St. _____ Ward _____

2. FULL NAME Gregory Christopher Welty 430
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
8 4 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. schoolboy

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) Royal Oak, Mich

13. NAME Ivan Welty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Wayne Ind

15. MAIDEN NAME Annabelle Ness

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

17. INFORMANT (ADDRESS) Ivan Welty
Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lebanon DATE 1/23/38

19. UNDERTAKER (ADDRESS) W. E. Holman
Lebanon Mo

20. FILED 1/22-38 1938 J. A. M. Cobb
 Registrar. 404 (Address) Lebanon, Mo

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/11, 1937, to 1/21, 1938
 I last saw him alive on 1/21, 1938. Death is said to have occurred on the date stated above, at 12:35 P.M.
 The principal cause of death and related causes of importance were as follows:
Luekemia
12a

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physicd 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 none

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. L. Berger, M. D.
Lebanon, 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.

RECEIVED

FEB 25 1938

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MO. STATE BOARD OF HEALTH