

REC'D MAR 20 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Macon
 Township Jackson
 City (No.)

 Registration District No. 946
 Primary Registration District No. 5702

 File No. 7355
 Registered No.
 St. Ward)
2. FULL NAME Robert Emitt Welsh 43.0

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Welsh6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 3 17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Mo (STATE OR COUNTRY)13. NAME Chas P. Welsh14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)15. MAIDEN NAME Sarah Pinkston16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)17. INFORMANT Susan E. Welsh (ADDRESS) Leonard Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Leont Hill DATE Jan 29 193819. UNDERTAKER D. S. Christie (ADDRESS) La Plata Mo20. FILED Jan 31 1938 W. P. Walker Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 193822. I HEREBY CERTIFY That I attended deceased from July 10 1937 to Jan. 26 1938I last saw him alive on July 10 1937 Death is said to have occurred on the date stated above, at 7 P. m.

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

Chronic Lymphocytosis.Date of onset DAOther contributory causes of importance: Hypertension.

Name of operation 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) C. K. Buckley, M. D.(Address) La Plata 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.

