

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 23 1938

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

Do not use this space.

19203

1. PLACE OF DEATH

County *Shelby*

Registration District No. *677*

File No.

Township

Primary Registration District No. *4403*

Registered No. *76*

City *Rolla*

(No. *Rolla Hospital*)

St.

Ward

2. FULL NAME *Arthur Gordon 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.

6 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Mammie Welch

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

Dec 4 - 1906

7. AGE YEARS MONTHS DAYS

31

5

20

If LESS than 1 day, hrs. or min.

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

0

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

Dexter Miss. Shannon Co. Mo.

13. NAME

Richard H Welch

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

Dexter Co Mo.

15. MAIDEN NAME

Ola Lewis

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

Dexter Co Mo.

17. INFORMANT (ADDRESS)

Richard H Welch Gladwin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Chynco Cemetery 5/27/38

19. UNDERTAKER (ADDRESS)

H. D. Hobson Salem Mo.

20. FILED

May 27, 1938

Joe. F. Ceyers

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 24, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 18, 1938*, to *May 24, 1938*

I last saw him alive on *May 21, 1938*. Death is said to have occurred on the date stated above, at *8:00 p. m.*

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

Gangrenous lung.

Other contributory causes of importance:

Name of operation *Rib. Resection* Date of *May 18, 1938*
What test confirmed diagnosis? Was there an autopsy? *No.*

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) *W. H. McFarland* M. D.
Rolla, Mo. (Address)

11413-

**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 Phelps
Township Rolla
City Rolla (No. Rolla Stop)

Registration District No. 677-
Primary Registration District No. 14403-

File No. 19203-
Registered No. _____
St. _____ Ward _____

2. FULL NAME Arthur S. Welch

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 5 20

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) _____
11. Total time (years) spent in this occupation _____

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

13. NAME _____

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

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 _____ 19____

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h. _____ 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:

Unfractionated Lung
Following Colic
Other contributory causes of importance: pneumonia
108

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) A. Sydney McFarland
(Address) Rolla Mo

SUPPLEMENTARY

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

CRUISE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SECRET

1. The following information was obtained from a source who has provided reliable information in the past.

2. The source has advised that the following information is true and correct:

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28. The source has advised that the following information is true and correct:

29. The source has advised that the following information is true and correct:

30. The source has advised that the following information is true and correct:

31. The source has advised that the following information is true and correct:

32. The source has advised that the following information is true and correct:

33. The source has advised that the following information is true and correct:

34. The source has advised that the following information is true and correct:

35. The source has advised that the following information is true and correct: