

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

DEC 10 AUG 24 1930

1. PLACE OF DEATH

24 County Clay
 4 Township Kearney
 0 City Kearney (No.)

Registration District No. 700
 Primary Registration District No. 4120

File No. 25076
 Registered No. 5
 St. Ward)

2. FULL NAME

William E. Welton 435
 (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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-31-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
85 2 10

OCCUPATION
 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. Gen. Farm work
 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) Missouri

FATHER
 13. NAME Solomon Welton

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

MOTHER
 15. MAIDEN NAME Louisia Gasney

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

17. INFORMANT Lena Welton (ADDRESS) Kearney Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodland DATE April 12, 1930

19. UNDERTAKER Leonard Fry (ADDRESS) Kearney Mo.

20. FILED 4/12 1938 J. H. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1938, to April 10 1938

I last saw him alive on 3-26 1938. Death is said to have occurred on the date stated above, at 9 p. m.

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

Cerebral arteries Hemorrhage Date of onset 2-21-38

Other contributory causes of importance:

Hypertension 1920
arteriosclerosis 1910

Name of operation Date of

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) N. R. Schuhmacher, M. D.

(Address) Kearney Mo.

