

FILED JAN 20 1942

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

41470

Do not use this space.

1. PLACE OF DEATH

(a) County Caldwell Registration District No. 92
(b) Township Davis Primary Registration District No. H055 Registered No. 3213
(c) City Braymer (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Addie Welker

(a) Residence, No. Braymer, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Widowed
(write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Lewis Welker
(OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, -6th., -1874
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
67 5 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired.
9. Industry or business in which work was done, as saw mill, bank, etc. Home.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Schuyler County,
(STATE OR COUNTRY) Ills.,

FATHER 13. NAME Jacob Weddle,
14. BIRTHPLACE (CITY OR TOWN) Ills.,
(STATE OR COUNTRY) Ills.,

MOTHER 15. MAIDEN NAME Mary Lowder,
16. BIRTHPLACE (CITY OR TOWN) Ills.
(STATE OR COUNTRY)

17. INFORMANT Mrs. Ed. Eichel
(ADDRESS) Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen Cemetery, -Dec.-28-1941
DATE

19. FUNERAL DIRECTOR (NAME) E. T. Michael
(ADDRESS) Braymer, Mo.

20. FILED Dec 28 1941 H. N. Patterson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-26-41
22. I HEREBY CERTIFY That I attended deceased from July 10 1938 to Dec-26-41, 19____
I first saw him alive on Dec 26 41, 19____ Death is said to have occurred on the date stated above, at 2 P. M.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis

Date of onset Dec-22-41
Other contributory causes of importance:
830'
Miss Schuyler

Name of operation None Date of None
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external no (violence), fill in also the following:
Accident, suicide, or homicide? no 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 _____

Was disease or injury in any way related to occupation of deceased? no
(If so, specify _____)
(Signed) Christina B. Bradley, M.D.
(Address) Braymer, Mo.

(Licensed Embalmer's Statement on Reverse Side)

97

