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

SEP 21 1936

Do not use this space.

30140

File No.

Registered No. 40

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124

Township Whitewater Primary Registration District No. 5183

City (No. , St. Ward)

2. FULL NAME Stella Clara Welker

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	9	29	

OCCUPATION

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

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) abt 8

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Appleton Mo

FATHER

13. NAME Henry Bedwell

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

MOTHER

15. MAIDEN NAME Emily Lee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Appleton Mo

17. INFORMANT A. C. Welker Millwood Mo
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Salem DATE 8-18 1936

19. UNDERTAKER Cooper-Allen
(ADDRESS) Jackson Mo

20. FILED 8-19 1936 W. E. Sutton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-16 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1935 to 8-16 1936

I last saw h[illegible] alive on 7-27- 1936. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

	Date of onset
Carcinoma of Uterus	1935

Other contributory causes of importance:

Name of operation Curettment & Cauterization Date of Dec 14 1935

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external cause (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) [illegible], M. D.

(Address) Jackson, 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.