

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

Do not use this space.

9854

1. PLACE OF DEATH
 95 County St. Genevieve Registration District No. 934
 Township Shannon Primary Registration District No. 6026
 City Washington R. 5 (No. _____) St. _____ Ward _____
 2. FULL NAME Orville 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 5 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie (Briggs) Welch
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 1889
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 42 9 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farmer 1
 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) Shannon Co, Mo 1
 FATHER 13. NAME Dont Know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 31
 MOTHER 15. MAIDEN NAME Dont Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
 17. INFORMANT Mrs Annie Welch
 (ADDRESS) Farmington Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hall Road Cemetery 3/31
 19. UNDERTAKER Farmington Lumber Co.
 (ADDRESS) Farmington Mo.
 20. FILED 4-2- 19. 32 W. A. Roth
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30 1932
 22. I HEREBY CERTIFY, That I attended deceased from Mar 25 1932 to Mar 30 1932
 I last saw ~~him~~ alive on March 25, 1932 Death is said to have occurred on the date stated above, at 5:40 A.M.
 The principal cause of death and related causes of importance were as follows:
Heart failure Date of onset _____
102 GROW
 Other contributory causes of importance:
High blood pressure
 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? No
 If so, specify _____
 (Signed) H. B. Perkins, M. D.
 (Address) Farmington Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 29 1932



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