

1 PLACE OF DEATH
COUNTY OF ESERALDA

NEVADA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
DUPLICATE CERTIFICATE OF DEATH

TOWN OF Goldfield Gold Spring Nev.
CITY OF _____

State Index No. _____
LOCAL REGISTERED NO. 165

(No. _____ St. _____ Ward _____)

(If death occurred in a hospital or institution, give the NAME, location of street and number, and R. F. No. 18.)

Full Name Richard Abram Welch

PERSONAL AND STATISTICAL PARTICULARS

2 SEX Male 4 COLOR OR RACE White 3 Single Married Widowed or Divorced Married
(Write the word)

6 DATE OF BIRTH January 12 1880
(Month) (Day) (Year)

7 AGE 52 yrs. 9 mos. 19 ds.
If LESS than 1 day _____ hrs. or _____ min.

8 OCCUPATION
(a) Trade, profession or particular kind of work Mining Dept.
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) unknown

10 NAME OF FATHER Patrick Welch

11 BIRTHPLACE OF FATHER (State or country) County Mayo Ireland

15 MOTHER'S NAME OF MOTHER Ellen Bradley

13 BIRTHPLACE OF MOTHER (State or country) County Mayo Ireland

14a LENGTH OF RESIDENCE
At place of death _____ years _____ months

In Street _____ years _____ months

14b THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Margaret L. Welch

(Address) Long Beach, Calif.

15
Filed _____ 1932 _____ Registrar.

Filed Nov 2 1932 G. P. Barrett
Registrar or Deputy

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH October 31 1932
(Month) (Day) (Year)

11 I HEREBY CERTIFY, That I attended deceased from _____ 100 _____ 200 _____

How I last saw him alive on _____ 100 _____ 200 _____

And that death occurred on the date stated above at _____ P. M.

The CAUSE OF DEATH* was as follows:
Tuberculosis of lungs

(Illness)

Pulmonary hemorrhage, fatal in 10 minutes.

(Duration) _____ yrs. _____ mos. _____ ds.

12 (Secondary) None

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) G. P. Barrett, M.D., County Health Officer, M. D.

100 _____ (Address) Goldfield Nev.

*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal

16 SPECIAL INFORMATION only for Hospitals, Institutions, Transfers, or Recent Residents
Place of Death Goldfield, Nev. (Use long at State of Death) _____ Day

Where was disease contracted. If not at place of death?

17 PLACE OF BURIAL OR REMOVAL Tropic Nev DATE OF BURIAL Nov 3 1932

18 UNDERTAKER J. J. Noone ADDRESS Goldfield