JUL 25 1927

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan
Township
City St Joseph (No. ..... St. ..... Ward)

Registration District No. 85
Primary Registration District No. 1001

File No. 17593
Registered No. 631

2. FULL NAME Allie C. Walsh
(a) Residence. No. State Hosp #2 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 7
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. B. Walsh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 4 - 1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
36	2	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper & Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hannibal
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Geo. F. Weber
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Lydie Mouville
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hannibal
(STATE OR COUNTRY) Mo

14. INFORMANT J. B. Walsh
(Address) 5105 Tracy, K.C. Mo.

15. FILED JUN 20 1927 19 John G. Wz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18th 1927

17. I HEREBY CERTIFY, That I attended deceased from June 11th, 1927, to June 18th, 1927, that I last saw h.e.r. alive on June 18th, 1927, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paralysis of the insane
76 83 (duration) yrs. 15 mos. ds.
CONTRIBUTORY (SECONDARY) Syphilis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) Co. Dewey, M. D
6/19, 1927 (Address) State Hosp. No. 2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Kansas City Mo
DATE OF BURIAL 6/20 1927

20. UNDERTAKER Quirk & Tobin
ADDRESS K.C. 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.