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

Do not use this space.

7635

File No. 8-1

Registered No.

1. PLACE OF DEATH

County Andrew, Registration District No. 13

Township Primary Registration District No. 4010

City Savannah, (No. Dr. Nichols Sanitorium St. Ward)

2. FULL NAME James Walsh,

(a) Residence. No. (Usual place of abode) St., Ward. Collyer, Kansas. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 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)
Male	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	71	7	Unk.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cork, (STATE OR COUNTRY) Ireland,

PARENTS

10. NAME OF FATHER Patrick Walsh,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Ireland,

12. MAIDEN NAME OF MOTHER Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Ireland,

14. INFORMANT W. D. Walsh (Address) Collyer, Kansas.

15. Mch 6 1928 FILED, 19 C. Yeppi REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1928, to Mar 6, 1928, that I last saw him alive on Mar 6, 1928, and that death occurred, on the date stated above, at 3 00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Central Hemorrhage

69 A
Oct 17
97 HCI

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) (?) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Not Known

O DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings

3/6, 1928 (Signed) G. Matthews M.D. (Address) Savannah Mo

*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 Collyer, Kansas, DATE OF BURIAL Mch. 7th, 1928

20. UNDERTAKER Frank A. Bowman ADDRESS Savannah, 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.

1929