

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

Do not use this space.

40673

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City

Registration District No. 399
Primary Registration District No. 1202

File No. 5048
Registered No. 5048
St. 3 Ward

2. FULL NAME

Laura Walsh St Marys Hosp
(a) Residence. No. 814 Waverly Ave St. C. Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 | 5 | 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Baltimore Md.

PARENTS

10. NAME OF FATHER Mr. Horton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no data

12. MAIDEN NAME OF MOTHER no data

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no data

14. INFORMANT Edward Walsh
(Address) 75 Kansas City Trans.

15. FILED 12/11/28 M. M. Conroy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10 1928

17. I HEREBY CERTIFY That I attended deceased from December 7, 1928, to December 10, 1928 that I last saw him alive on Dec 6, 1928, and that death occurred, on the date stated above, at 5:31 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
92C
107H 905 (duration) yrs. mos. 7 da.
CONTRIBUTORY myocardial degeneration (SECONDARY) (duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Unknown

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) A.B. Jones a. s. p. M. D.
11, 1928 (Address) St. Marys Hosp.

*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 St Johns H.C. 1147-13 DATE OF BURIAL 1928

20. UNDERTAKER Butler & son ADDRESS 72C

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.

