

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

Do not use this space.

12039

1. PLACE OF DEATH  
 County Clay Registration District No. 197  
 Township Hallstead Primary Registration District No. 5276  
 City Northland (No.     ) Northland Mo. St.      Ward     

2. FULL NAME Laura J. Walsh  
 (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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX ♀ 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) L J Walsh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 2 - 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
37 3 6               

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

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

PARENTS

10. NAME OF FATHER Geo. Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mich  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Willard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo  
 (STATE OR COUNTRY)

14. INFORMANT Elizabeth Wilson  
 (Address) 2929 Starison

15. 4/11 19 30 J R Dagg  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8 - 1930

17. I HEREBY CERTIFY, That I attended deceased from April 8, 1930, to April 8, 1930 that I last saw h.      alive on     , 19    , and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Heart failure  
200A

(duration) 205 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 13  
 (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  
 (Signed) W. Allen M. D.  
 , 19      (Address) Northland 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 Forest Hill KC Mo DATE OF BURIAL 4/11 1930

20. UNDERTAKER Morton Co ADDRESS 204 KC 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.

May 23 1930

