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.

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

Do not use this space.
5497

585

1. PLACE OF DEATH

County Jackson — Registration District No. 39[illegible] — File No.

Township Kaw — Primary Registration District No. [illegible] — Registered No.

City Kansas City (No. 4421 Main St. St. Ward)

2. FULL NAME Mrs. Virginia Walsh

(a) Residence. No. 4421 Main St. St., 7 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James D Walsh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	7	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Missouri

PARENTS

10. NAME OF FATHER: Daniel Black
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Carolina Robertson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: H. G. Lynch
(Address) 5732 Central St

15. FILED 2-7, 1931 M M Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1931 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 1931, to Feb 7, 1931 that I last saw her alive on Feb 7 1931, and that death occurred, on the date stated above, at 8 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
pneumonia Lobar
(duration) - yrs. - mos. 7 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) - yrs. - mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Ex

(Signed) H. E. Schoen M.D.
Feb 7, 1931 (Address) 243 Werby Bldg. K.C. 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: Shackleford, Missouri
DATE OF BURIAL: Feb 9 1931

20. UNDERTAKER: Quirk & Tobin--20 " Linwood
ADDRESS