

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

Do not use this space.

2984

**1. PLACE OF DEATH**

County.....

Registration District No. 701

Township.....

Primary Registration District No. 603

City St. Louis (No. 2130<sup>a</sup> S. Hampton)

File No. ....  
Registered No. 709  
St. .... Ward)

**2. FULL NAME** Katherine Walsh

(a) Residence. No. .... St. 17 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 Thos Walsh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
97 5 10

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) Ireland 15

10. NAME OF FATHER John Sullivan

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

12. MAIDEN NAME OF MOTHER Bridget Lane

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

14. INFORMANT Margaret Doran  
(Address) 2130<sup>a</sup> S. Hampton

15. Mar C. Starnes  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1932

17. HEREBY CERTIFY, That I attended deceased from Jan 15 1932 to Jan 20 1932  
that I last saw her alive on Jan 20 1932, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterio sclerosis

CONTRIBUTORY (SECONDARY) Ang (duration) 5 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 1

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chinical

(Signed) my friend, M. D.

1/21 1932 (Address) 177 Highgate

\*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 Calvary DATE OF BURIAL Jan 23 1932

20. UNDERTAKER Hannigan Sheahan & Co ADDRESS 415 Washington

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.

FILED 22 1932

