

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

Do not use this space.
W. T. Walsh
 File No. *20559*
 Registered No. *476*

1. PLACE OF DEATH

39 County *Cassidy, Tenn* Registration District No. *318*
 Town (city) *Mo. Campbell* Primary Registration District No. *2499*
 City *Springfield, Mo.* No. *Route 4* St. _____ Ward)

2. FULL NAME

(a) Residence, No. *805 E Dale* St. _____ 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar 25 1849</i>		
7. AGE YEARS <i>83</i>	MONTHS <i>3</i>	DAYS <i>10</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Printer</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <i>7 years ago</i>		
11. Total time (years, months, and days) spent in this occupation.		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Springfield, Mo. Cassidy County</i>		
13. NAME <i>W. T. Hesper</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo. Springfield</i>		
15. MAIDEN NAME <i>Loanshell</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo. Springfield</i>		
17. INFORMANT (ADDRESS) <i>Mr. Olive G. Miller 805 E Dale</i>		
18. BURIAL, CREMATION, OR REMOVAL BAC <i>Maple Hill</i> DATE <i>July 6 37</i>		
19. UNDERTAKER (ADDRESS) <i>Amey Johnson</i>		
20. FILED <i>7-6-37</i> 19 <i>37</i> <i>Ralph Whangton</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

N

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-5*, 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *12-1*, 19*31*, to *7-5*, 19*32*
 I last saw him alive on *7-5*, 19*32* Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset *1 day*
arterio sclerosis years *20*
 Other contributory causes of importance:
 Name of operation *None* Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury *✓*
 Nature of injury *✓*
 24. Was disease or injury in any way related to occupation of deceased? *✓*
 If so, specify _____
 (Signed) *W. T. Walsh* M. D.
 (Address) *Springfield 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.

AUG 23 1937

