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.

39578

File No.

Registered No. 45-80

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City (No. 3142 Washington St. Ward)

2. FULL NAME William Jerry Walsh

(a) Residence, No. 3142 Washington St., 5 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. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11th. 1932

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inft.

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri 1

FATHER

13. NAME Wilford P. Walsh

14. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Kansas 2

MOTHER

15. MAIDEN NAME Josephine O'Meara

16. BIRTHPLACE (CITY OR TOWN) Council Grove (STATE OR COUNTRY) Kansas

17. INFORMANT Wilford P. Walsh (ADDRESS) 3142 Washington

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mary's Cem. DATE 12/6/32 19

19. UNDERTAKER W. F. Mayberry (ADDRESS) City

20. FILED 12/5 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5th. 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-11-, 1932, to 12-5-, 1932

I last saw him alive on 11-10-, 1932. Death is said to have occurred on the date stated above, at 9.40 A.m.

The principal cause of death and related causes of importance were as follows:

Heart failure
Patent foramen Ovale
Dilation of heart
157C

Date of onset

Other contributory causes of importance:
Blue Baby
Patent Foramen Ovale

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

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? No

If so, specify

(Signed) Geo F Pendleton, M. D.

(Address) 933 Professional Bldg

Proff Bldg
V2 1020
7:30 to 4 pm

12 3
11 11
24