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.

OCT 20 1933

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

Do not use this space. 29679

1. PLACE OF DEATH
County Jackson — Registration District No. 332 — File No. 3603
Township Kaw — Primary Registration District No. 7304 — Registered No. 3603
City Kansas City (No. K.C. General Hosp. St. Ward)

2. FULL NAME Orville Walsh
(a) Residence, No. Independence Mo, 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-27-1906
7. AGE: YEARS 27 — MONTHS 4 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) (STATE OR COUNTRY) Mo.

FATHER
13. NAME Edward Walsh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Ks.

MOTHER
15. MAIDEN NAME Luella Ross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Rewa Clerk K.C. Gen. Hosp. K.C. Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Sept 13, 1933
19. UNDERTAKER (ADDRESS) Ketter Eng 2657 Indp Ave
20. FILED 9/11 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8, 1933
22. I HEREBY CERTIFY, That I attended deceased from 6-3, 1933, to 9-8, 1933
I last saw him alive on 9-8, 1933. Death is said to have occurred on the date stated above, at 1:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Retroperitoneal lymphosarcoma	
46 G	

Other contributory causes of importance: 53

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? yes

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) J H Jennett, M. D.
(Address) Supt K.C. Gen. Hosp K.C. Mo