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

Do not use this space.

File No. 19074

Registered No. 181

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City Rock (No. ..... St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 62-48 03

2. FULL NAME Kathryn Walsh
(a) Residence, No. 1922 Cora St., Louis Ward Mo St Louis Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUN 26 1934

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Walsh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-15-1889
7. AGE YEARS 44 MONTHS 7 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Dec. 15, 1929
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Cork, Ireland

FATHER
13. NAME David O'Connor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Julia Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Robt. Koch Rock Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE May 30, 1934
19. UNDERTAKER (ADDRESS) Joe. L. Lange 1522 N. Grand
20. FILED May 27, 1934 [illegible] M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1934
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to May 27, 1934.
I last saw her alive on May 25, 1934. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1929
23	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Sputum 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? .....
If so, specify .....
(Signed) W. E. Dore, M. D.
(Address) Rock, Mo.