

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

Do not use this space.

OCT 17 1934

32749

**1. PLACE OF DEATH**

County Jackson Registration District No. 379  
Township Wagon Primary Registration District No. 1002  
City Wagon City (No. St. Joseph) St. Wagon Ward

**2. FULL NAME**

Mrs. Evelyn Walsh St. Wagon Ward.

(a) Residence, No. Broadlands Total St. Wagon Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 2 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22nd, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
49 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. St. Home  
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) Ind.

13. NAME No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT Sister Eugene (ADDRESS) St. Joseph School

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE 9/5/34 19.

19. UNDERTAKER Wm. G. Gandy (ADDRESS) St. Joseph

20. FILED 9-4- 19 34 M. M. Grove Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/2/34 19

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1933, to Sept 2, 1934

I last saw her alive on May 1, 1934. Death is said to have occurred on the date stated above, at 12:45 p.m.

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

Coronary atherosclerosis Date of onset 2 yrs  
45  
Coarctation of aorta  
Arteriosclerosis

Name of operation ..... 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) W. G. Gandy, M. D.

(Address) 934 Grand & Beby  
St. Joseph

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.

Dr. Geo. E. Johnson