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

APR 6 1935

Do not use this space.

11963

File No. 11963
Registered No. 392

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph (No. Missouri Meth. Hospital St. Ward)

2. FULL NAME Buddy Max Walsh
(a) Residence, No. 229 E. Nebraska Ave. 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: 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) April 17, 1934

7. AGE — YEARS: 0 — MONTHS: 11 — DAYS: 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) St. Joseph
(STATE OR COUNTRY) Missouri

FATHER
13. NAME James J. Walsh
14. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Irene Craig
16. BIRTHPLACE (CITY OR TOWN) Trenton
(STATE OR COUNTRY) Missouri

17. INFORMANT James J. Walsh
(ADDRESS) 229 E. Nebraska Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Odd Fellows Cem. DATE April 5, 1935

19. UNDERTAKER Clark Mortuary
(ADDRESS) 5025 King Hill Ave.

20. FILED 4-5, 1935 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch 31, 1935, to Apr 3, 1935
I last saw him alive on Apr 3, 1935. Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis Pneumococcus	Mch 28

1/23

Other contributory causes of importance:
Influenza - dietetic media

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) H. Alleman, M. D.
(Address) St. Joseph Mo