

JUN 13 1935

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

Do not use this space.
16131
Walsh

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield No 2 Primary Registration District No. 2901
City Springfield (No. 3) St. Springfield Ward 3

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 318 St. Springfield Ward 3
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Ed C. Weston
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1866
7. AGE YEARS 68 MONTHS 9 DAYS 26 If LESS than 1 day, hrs. or min.

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

13. NAME John Blunk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Marietta Dixon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) W. T. Walsh

18. BURIAL, CREMATION, OR BURNING Springfield Mo DATE May 6 1935

19. UNDERTAKER (ADDRESS) Springfield Mo

20. FILED 5-5 19 35 Walsh Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4 19 35
22. 5-1 I HEREBY CERTIFY, That I attended deceased from 35 to 5-4 19 35.
I last saw her alive on 5-4 19 35 Death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of liver Date of onset not known
Influenza 5-1-35
Bronchial pneumonia 5-3-35

Name of operation none Date of _____
What test confirmed diagnosis? physical 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. no

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. T. Walsh M. D.
(Address) 200 1/2 W. Commercial Springfield Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD STATE

FEB 17 1945