

JAN 9 1936

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

Do not use this space.

44374

1. PLACE OF DEATH

County *Greene*

Registration District No. 318

File No.

Township *Springfield*

Primary Registration District No. 2001

Registered No. 995

City *Springfield* (No. *1513*)

St. *Missouri*

Ward

2. FULL NAME *James J. Walsh*

(a) Residence, No. *1513 So. Missouri* Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male*

4. COLOR OR RACE *White*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 4 1936*

5A. IE MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mrs. Anna Walsh*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 2 1936* to *Dec 4 1936*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 21-1860*

I last saw him alive on *Dec 2 1936* Death is said to have occurred on the date stated above, at *Bedroom 220 So. Ave 5 PIA*

7. AGE YEARS *76* MONTHS *3* DAYS *9* If LESS than 1 day, hrs. or min.

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

Angina pectoris Dec 1, 1936

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, *Other*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year) *Aug 31, 1930*

11. Total time (years) spent in this occupation *40 1/2*

Other contributory causes of importance: *Arterial Sclerosis Several Months*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Camden Mo*

13. NAME *James J. Walsh*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Camden Mo*

15. MAIDEN NAME *Walsh*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Camden Mo*

17. INFORMANT (ADDRESS) *James J. Walsh*

18. BURIAL, CREMATION, OR REMOVAL *Interred* DATE *12/4 1936*

19. UNDERTAKER (ADDRESS) *Chas A. George*

20. FILED *Dec 7- 1936* Registrar *Chas A. George*

Name of operation *Clinical* Date of *Dec 4 1936*

What test confirmed diagnosis? *Clinical* 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? *No*

If so, specify (Signed) *O. G. Hurst* M. D. (Address) *430 South or Spring field Missouri*

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.

