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.

FEB 25 1937

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

Do not use this space.

48611

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 83
Township — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. ..... St. ..... Ward)

2. FULL NAME Stillborn Walsh
(a) Residence, No. 31 E 32 Ter St., ... Ward. (If nonresident, give city or town and State).
(Usual place of abode)
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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-11-36

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) KC MO

FATHER
13. NAME James A Walsh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg Mo

MOTHER
15. MAIDEN NAME Thelma Shrepler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polo Mo

17. INFORMANT (ADDRESS) James A Walsh

18. ~~BURIAL, CREMATION, OR REMOVAL~~
PLACE Polo Mo DATE 7/11 1936

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel K. C. Missouri

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Roy U Stevens M. D.
(Address) 6247 Brookside Blvd KC Mo