

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

Do not use this space.

JUN 18 1937

19910

1. PLACE OF DEATH  
33 County Dent Registration District No. 266  
Township Watkins Primary Registration District No. 5378  
City Hobson (No. 2) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Duke Charles Walsh  
(a) Residence, No. Hobson Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Glenna Walsh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1886

7. AGE YEARS 50 MONTHS 11 DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Ill

MOTHER FATHER 13. NAME Michael A Walsh

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

15. MAIDEN NAME Louisa Noller

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

17. INFORMANT John Walsh Hobson, Mo  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo DATE May 27 1937

19. UNDERTAKER Null and Son Rolla, Mo.  
(ADDRESS)

20. FILED May 26 1937 P. S. Butler Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1937

22. I HEREBY CERTIFY That I attended deceased from Apr 5, 1937, to May 25, 1937  
I last saw him alive on May 24, 1937 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:  
Tumor of the liver probably Malignant Date of onset 2-10-37  
40  
Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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) J. L. Mitchell M. D.  
(Address) Rolla Mo

This certificate is a public document and its contents are a matter of public record. It is to be preserved in the public records of the State of Missouri.

SEP 15 1948

APR 17 1957