REC'D JUL 12 1938

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

21120
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 2570
(c) City Kansas City. — (d) Street No. 3038 Askew. St.
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Margaret WALSH. 426
(a) Residence, No. 3038 Askew. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William P. Walsh.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 10, 1872
7. AGE: YEARS 65 — MONTHS 9 — DAYS 15 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home.
9. Industry or business in which work was done, as 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): Ireland. 5

FATHER
13. NAME: Charles Miller. 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany. 5

MOTHER
15. MAIDEN NAME: Catherine Nugent.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland.

17. INFORMANT (ADDRESS): William L. Walsh. 3038 Askew.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Calvary. K.C.K. DATE: 6/27/38 19
19. FUNERAL DIRECTOR (ADDRESS): Mellody-McGilley. K. C. Mo.
20. FILED: June 26, 1938 M. M. Crowe, Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-25-38, 19
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h[illegible] alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

Hyperbasin Myocardium
Acute Pulmonary Edema
93 P

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

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? 4
If so, specify
(Signed) Russell W. Kerr, M. D.
(Address) K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

**STATEMENT BY LICENSED EMBALMER**

I, ..... Licensed Embalmer No. .....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. .....

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**