

SOCIAL SECURITY NO.

*none*

If veteran, name war

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

State File No.

FULL NAME

*John Walsh Reported to County Clerk JAN 29 1942*

Local File No. *13*

PLACE OF DEATH:

County *Eaton*  
Township  
City or Village *Vermontville*

Name of hospital (If not in hospital, give street address.)

Length of stay: In hospital In this community

USUAL RESIDENCE OF DECEASED:

State *Mich* County *Eaton*

Township

City or Village *Vermontville*

Street No. *North Main St*

If foreign born, how long in U. S. A.? years

Sex

*Male*

Color or Race

*White*

Single, Married, Widowed or Divorced

*married*

NAME OF HUSBAND or WIFE

Name *Mary A. Walsh* Age, if alive *76*

Birth date of deceased *9-7-1860*

Age: Years *81* Months *3* Days *17* If less than one day hrs. min.

Birthplace *Montreal Canada*

Usual occupation *Retired*

Industry or business

Father { Name *Mr. Walsh*  
Birthplace *Vermontville Mich.*

Mother { Maiden Name *Agnes J. Raham*  
Birthplace *Scotland*

Informant *me Mary Walsh*

Address *Vermontville Mich.*

(Burial, cremation or removal (Circle the word which applies)

Place *Sumfield Mich*

Cemetery *St. Anne* Date *12/27, 1941*

Funeral director's signature

*K.K. Ward*

Address *Vermontville, Mich*

Filed *12/27, 1941* *A.L. Bannington* Local Registrar

MEDICAL CERTIFICATION

Date of death *Dec 24* 19 *41*

I hereby certify that I attended the deceased from *Dec 21*, 19 *41* to *Dec 24*, 19 *41*. I last saw him alive on *Dec 24*, 19 *41*. Death is said to have occurred on the date stated above at *3:40 P.M.*

Immediate cause of death

*Internal Hemorrhage*  
*Ruptured gastric ulcer* *3 days*

Other contributory causes of importance

*Gastric & Intestinal ulcers 12 yrs*

Major findings and dates: Of operations

Of autopsy

In case of violence, state if accident, homicide or suicide

Date, 19

Where did injury occur?

(Specify city, county, or state)

In industry, home or public place?

Was disease or injury related to occupation of deceased?

Signature *L. Donald Kelsey DO*

Address *Vermontville Mich*

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