

HVS-5D

Primary 36-01-01  
Dist. No.COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 81495  
Registered No. 151

## 1. PLACE OF DEATH:

(a) County Lancaster  
(b) City, town or township Columbia  
(c) Name of hospital or institution:  
1046 Lancaster Ave.  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or institution  
(Specify whetherIn this community 21 years  
years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Pennsylvania (b) County Lancaster  
(c) City or town Columbia  
(If outside city or town limits, write RURAL)  
(d) Street No. 1046 Lancaster Ave  
(If rural give location)  
(e) If foreign born, how long in U. S. A.?

## 3. (a) FULL NAME

John Joseph Walsh  
3. (b) If U. S. Veteran, complete reverse side of certificate.  
3. (c) Social Security No. 203-07-77994. Sex male race white  
5. Color or race white  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Margaret Mann Walsh  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased June 19, 1884  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
59 3 11 hr min.9. Birthplace New York, N.Y.  
(City, town, or county) (State or foreign country)

10. Usual occupation Inspector

11. Industry or business Cola Malleable Castings Corp

12. Name Edward Walsh  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)14. Maiden name Mary Doyle  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Margaret M Walsh  
(b) Address 1046 Lancaster Ave, Columbia, Pa17. (a) Burial (b) Date thereof Oct. 3, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Bethel Cemetery  
Columbia, Pa.18. (a) Signature of funeral director Edzwiler  
(b) Address Etzweiler Funeral Home  
Columbia, Pa19. (a) 10/1/43 (b) J. W. Seuniff  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. Date of death: Month September day 30  
year 1943 hour 7 minute 2021. I HEREBY CERTIFY, That an inquest was held upon the body of the above named deceased on the 30 day of September, 1943; that the jury rendered a verdict giving the cause of death as follows:  
Immediate cause of death

Coronary Thrombosis

Due to 942

Due to

Other conditions  
(Include pregnancy within 3 months of death)

## Major findings:

Of operations  
Of autopsy

## DURATION

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) (Probably) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)While at work?  
23. Signature Richard Reeser, Acting Deputy Coroner  
Address Columbia, Pa Date signed 10-30-43MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
OF DEATH IN plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See Instructions on back of certificate.  
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. See Instructions on back of certificate.