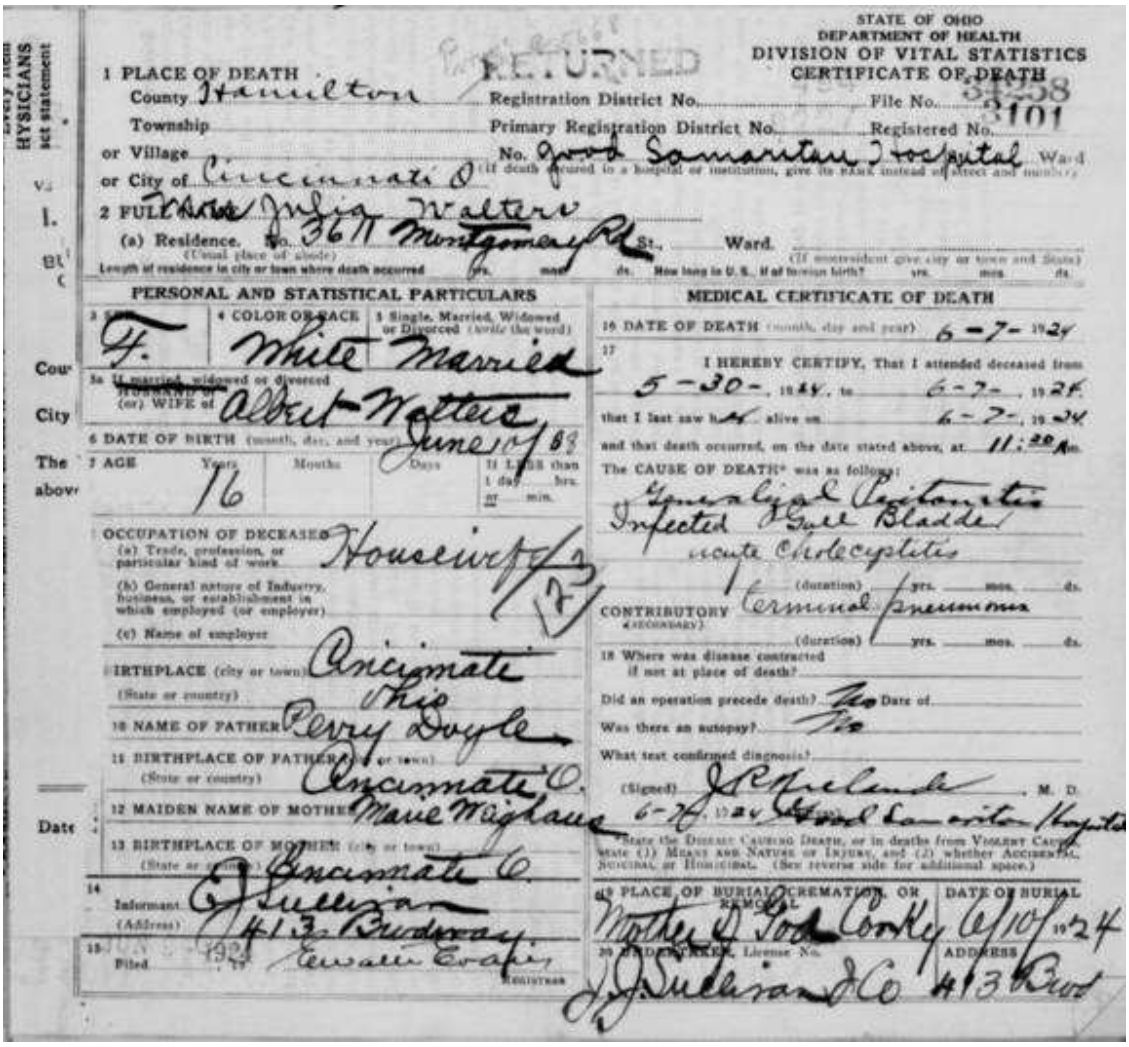
Cincinnati Enquirer – June 8, 1924

WALTERS—Julia Jane Walters, beloved wife of Albert Walters; daughter of Perry Doyle and Marie Weighaus (deceased), June 7, 1924. Funeral from the residence of her father, 3611 Montgomery road, Tuesday, June 10, 1924. Requiem high mass at St. Mark's Church, 8:30 a. m.



STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

RETURNED

1 PLACE OF DEATH
County Hamilton — Registration District No. — File No. 3101
Township — Primary Registration District No. — Registered No.
or Village — No. Good Samaritan Hospital Ward
or City of Cincinnati O
2 FULL NAME Julia Walter
(a) Residence. No. 3611 Montgomery Rd 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

3 Sex F. — 4 COLOR OR RACE White — 5 Single, Married, Widowed or Divorced (write the word) Married
5a If married, widowed or divorced — (or) WIFE of Albert Walters
6 DATE OF BIRTH (month, day, and year) June 07 03
7 AGE Years 16 Months Days — If LESS than 1 day hrs. or min.
OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer
BIRTHPLACE (city or town) Cincinnati
(State or country) Ohio
10 NAME OF FATHER Perry Doyle
11 BIRTHPLACE OF FATHER (city or town) Cincinnati O.
(State or country)
12 MAIDEN NAME OF MOTHER Marie Weighaus
13 BIRTHPLACE OF MOTHER (city or town) Cincinnati O.
(State or country)
14 Informant J. Sullivan
(Address) 413 Broadway
15 Filed 1924 Ewald Evans REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 6-7-1924
17 I HEREBY CERTIFY, That I attended deceased from 5-30-1924 to 6-7-1924
that I last saw h alive on 6-7-1924
and that death occurred, on the date stated above, at 11:30 A.M.
The CAUSE OF DEATH* was as follows:
Generalized Peritonitis
Infected Gall Bladder
acute Cholecystitis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Terminal pneumonia
(duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) J. R. Shelenda M. D.
6-7-1924 Good Samaritan Hospital
*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL
Mother of God Cemetery 6/10/1924
20 UNDERTAKER License No. — ADDRESS
J. J. Sullivan & Co 413 Broadway