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

Do not use this space.

15364

: 85

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001
Township — Primary Registration District No.
City St. Joseph, (No. St. Joseph's Hospital St. Ward)

File No.
Registered No. 489

2. FULL NAME Nora Etta Waller,
(a) Residence, No. Easton, Mo. St., Ward. Easton Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married,

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF August Waller,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 2, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	53	9	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home,
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) Easton, Missouri,

FATHER
13. NAME John Zepp,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

MOTHER
15. MAIDEN NAME Georgia Dillard,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron, Missouri,

17. INFORMANT (ADDRESS) August Waller Easton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hurlinger DATE May 18th, 19 32

19. UNDERTAKER (ADDRESS) Heaton-Bryan-Bowman 319 S. 10th St. Superintendent

20. FILED MAY 17 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to May 15, 1932
I last saw him alive on May 12, 1932 Death is said to have occurred on the date stated above, at 10:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic goitre	
(a)	
(b)	
(c)	

Other contributory causes of importance:
Hyperthyroidism (1) May 14

Name of operation Thyroidectomy Date of May 14
What test confirmed diagnosis? Clinical 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) John L. Bowman, M. D.
(Address) St. Joseph Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAY 21 1932