

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

Do not use this space.

273

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 2-21
 City St. Joseph (No. St. Joseph's Hospital) St. _____ Ward _____

File No. _____
 Registered No. 111

2. FULL NAME Rose Waller

(a) Residence, No. 616 South 17th Street, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alois Waller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, 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) Hurlinger, Missouri

13. NAME Jacob Kessler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ohio

15. MAIDEN NAME Margaret Beck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ohio

17. INFORMANT (ADDRESS) Alois Waller, 616 South 17th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Easton Missouri DATE January 24, 1934

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden, 1802 Union Street

20. FILED 1-23-34 John R. Keener Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1934

22. I HEREBY CERTIFY That I attended deceased from Nov 10, 1933 to Jan 22, 1934

I last saw him alive on Jan 21, 1934. Death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Left Breast Date of onset 1933

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 Other contributory causes of importance: none

Name of operation none Date of _____

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) W. H. S. S. S., M. D.
 (Address) 3. P. 17. 8 28 St. Joseph Mo

WE PLEASE 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.

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