

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

Do not use this space.

DEC 17 1935

35531

1. PLACE OF DEATH

County Clinton Registration District No. 210
 Township Lafayette Primary Registration District No. 5289
 City (No. 3 miles east of Boston, Mo) Registered No. 51
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. St. Joseph, 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1869

7. AGE YEARS 66 MONTHS 2 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Nov. 25, 1935 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton County Missouri

13. NAME Alois Waller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

15. MAIDEN NAME Mary Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Genevieve Missouri

17. INFORMANT Raymond Waller (ADDRESS) 1617 54th St. St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Boston, Mo DATE Dec. 2 1935

19. UNDERTAKER (ADDRESS) H. O. Sidusbacher, 1802 Union St. St. Joseph, Mo.

20. FILED Dec 1 1935 John Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from was called 11-29-1935 1935

I last saw him alive on Monday 1935 Death is said to have occurred on the date stated above, at _____ m.

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

Myocarditis
 Other contributory causes of importance _____
 Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1935

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? _____ If so, specify _____

(Signed) J. C. Strickland M. D.
 (Address) _____ 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.

