FEB 17 1936

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

Do not use this space.

314

File No.

Registered No. 113

1. PLACE OF DEATH

County Buchanan — Registration District No.

Township — Primary Registration District No.

City St. Joseph (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Hattie Catherine Waller

(a) Residence, No. St., Ward. Hurlinger Missouri (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 00 yrs. 00 mos. 1 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 Felix Waller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26 1886.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
49	10	3	

OCCUPATION

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

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) Jan 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cosby (STATE OR COUNTRY) Missouri

FATHER

13. NAME Henry Miller

14. BIRTHPLACE (CITY OR TOWN) Cosby (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Anna Wenda

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

17. INFORMANT Felix Waller (ADDRESS) Hurlinger Missouri

18. BURIAL, CREMATION, OR REMOVAL St. Marys Cemetery PLACE Hurlinger Mo. DATE January 31 1936

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union Str. St. Joseph Mo

20. FILED 1-30-36 John R Binder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1936, to Jan 28, 1936

I last saw her alive on Jan 28, 1936. Death is said to have occurred on the date stated above, at 3:35 A.m.

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

	Date of onset
Labor pneumonia	Jan 21-
Other contributory causes of importance: Neph - acute	Jan 25

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Name of operation None Date of

What test confirmed diagnosis? Clin 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) Frank H Van Degan, M. D.

(Address) Kirkpatrick Bldg.

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.

100M-11-24-33