

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

Do not use this space.

10885

1. PLACE OF DEATH

County St. Francois
Township Randolph
City Desloge (No. _____)

Registration District No. 779
Primary Registration District No. 6024A

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Ann Waller
(a) Residence, No. Desloge 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John W. Waller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 28, 1942</u>		
7. AGE	YEARS <u>90</u>	MONTHS <u>10</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>	
	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

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1933, to Mar. 15, 1933

I last saw her alive on Mar. 15, 1933 Death is said to have occurred on the date stated above, at 5 P. m.

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

Lobar Pneumonia
108
130/108
162

Date of onset
3-14-33

Other contributory causes of importance:
Myocarditis, Pericarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? Chival 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 _____, 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? _____

If so, specify _____ (Signed) R. B. Rector, M. D.
(Address) Desloge Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
	13. NAME <u>Silas L. Clark</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
	15. MAIDEN NAME <u>Fannil McCallum</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
	17. INFORMANT <u>George Waller</u> (ADDRESS) <u>Desloge Missouri</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bonnetville</u> DATE <u>Mar 18, 1933</u>	
19. UNDERTAKER <u>C. Z. Boyer</u> (ADDRESS) <u>Desloge Missouri</u>	
20. FILED <u>3-18-</u> 19 <u>33</u> . <u>R. B. Rector</u> Registrar.	

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.

APR 24 1933

