

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

Do not use this space.

23895

1. PLACE OF DEATH

94 County St. Francis Registration District No. 775-
Township Perry Primary Registration District No. 6070
City Bonne Terre Mo (No. REPAI) St. _____ Ward _____

2. FULL NAME

Albert Waller
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth?) yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Leona Waller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-16-1880</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>3</u>
	DAYS <u>23</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>Farmer</u>	5B. <u>53</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>173</u>	5C. <u>10</u>
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <u>13</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fredericktown Mo</u>		
FATHER	13. NAME <u>John Waller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ontario Canada</u>	
MOTHER	15. MAIDEN NAME <u>Mary Clark</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT (ADDRESS) <u>Mrs Leona Waller</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marvin Chapel BT</u> DATE <u>7-11</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Geo. J. Bryan</u>		
20. FILED <u>7/11</u> 19 <u>32</u> <u>T. Wilson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1932, to 7/9, 1932
I last saw him alive on 7/7/32, 19____. 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:
Carcinoma of left hip joint.
Date of onset 1931

Other contributory causes of importance:
hemorrhage of kidney & haemorrh. 1932

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 _____, 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. M. Kucen, M. D.
(Address) Dealage, 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.

AUG 29 1932

