

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

Do not use this space.

6622

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **Shaw** (No. **14589**)

City **Stapleton**

File No. **1848**  
Registered No. **1848**  
St. .... Ward)

**2 FULL NAME** **Lumery Waller**

(a) Residence. No. **2813a Lyon** St., **24** Ward.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. **6** 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** **married**

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **Dec 19 - 1911**

**7. AGE** YEARS' MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
**15** | **2** | **3**

**8. OCCUPATION OF DECEASED**  
(a) Trade, profession, or particular kind of work **Homemaker**  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **Tennessee**

**10. NAME OF FATHER** **Tom Harold**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** **Tennessee**

**12. MAIDEN NAME OF MOTHER** **Mary Stanford**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** **Tennessee**

**14. INFORMANT (Address)** **Hospital, Stapleton**

**15. FILED** **23 1927** **Mar. C. Starceff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **Jan 22 1927**

**17. I HEREBY CERTIFY** That I attended deceased from **Jan 4**, 19**27**, to **Jan 22**, 19**27**, that I last saw him alive on **Jan 22**, 19**27**, and that death occurred, on the date stated above, at **11:50 a.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Thrombosis, cerebral Epidemic**  
**18** (duration) yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)** **24** (duration) yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH.....

**19. DID AN OPERATION PRECEDE DEATH** DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **A. M. Smith**, M. D.  
**1/22**, 19**27** (Address) **City Stapleton**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** **Jackson, Tennessee** **DATE OF BURIAL** **Feb. 23 1927**

**20. UNDERTAKER** **Wheeler Holshuler 2331 So. Bidway** **ADDRESS**

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.

MISSOURI STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS IS A PERMANENT RECORD

Waller