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AUG 1

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

Do not use this space.

85

20745

1927

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 767

City: St Joseph (No. State Hospital for Insane No. St. Ward)

2. FULL NAME: Frank E. Waller

(a) Residence. No. 7 Miles S.E. of St Joseph St. Mo. Ward. Agency Road.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 25 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): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Daisy Waller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 13 1870

7. AGE: Years 56 | Months 9 | Days 17 | If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN): Sullivan Co.
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: William Waller

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Kentucky

12. MAIDEN NAME OF MOTHER: Nancy Arrowsmith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Kentucky

14. INFORMANT: Mrs. W. W. Ryne
(Address): Saxton, Mo.

15. FILED 7/31 1927 John G. Utt, Registrar
by J. M. Hoole

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 30th 1927

17. I HEREBY CERTIFY, That I attended deceased from July 18th 1927, to July 30th 1927, that I last saw h. alive on July 30th 1927, and that death occurred, on the date stated above, at 11:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Paralysis of the Insane (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Syphilis (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Leonard Eaton, M.D.

7/31, 1927 (Address) State Hosp. St. Joseph, Mo.

*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: Agency, Mo. via auto — DATE OF BURIAL: Aug 2, 1927

20. UNDERTAKER: Heaton, Belsole Und. Co. — ADDRESS: 319 S. 10

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.