

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.

JAN 22 1929

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

Do not use this space.

40071

1. PLACE OF DEATH
 County Republic Registration District No. 536
 Township Palmer Primary Registration District No. 245
 City Union Star (No. _____) St. _____ Ward _____

2. FULL NAME John W. Waldo
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 24 yrs. mos. 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 Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Esther C. Waldo
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 22 - 1849
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 | 10 | 16 | _____ | _____ | _____
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Carpenter
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) Winslow
 (STATE OR COUNTRY) Mo.
 10. NAME OF FATHER James J. Waldo
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ohio
 12. MAIDEN NAME OF MOTHER Poline Gregor
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Liberty
 (STATE OR COUNTRY) Mo.
 14. INFORMANT Elsa R. Waldo
 (Address) Union Star Mo.
 15. FILED 12/7 1928 E. M. Reynolds
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12 - 8 1928
 17. I HEREBY CERTIFY, That I attended deceased from Nov 15 1928 to Dec 8 1928
 that I last saw him alive on Dec 6 1928, and that death occurred, on the date stated above, at 10:45 P. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Arteriosclerosis
46 B
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) 4/4 A
 (duration) _____ yrs. _____ mos. _____ ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 8 DID AN OPERATION PRECEDE DEATH. DATE OF _____
 WAS THERE AN AUTOPSY _____
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) E. M. Reynolds M. D.
12/8 1928 (Address) Union Star 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 DATE OF BURIAL
Union Star Cemetery 12/10 1928
 20. UNDERTAKER ADDRESS
H. Wilson Spring City
Mo.

