JAN 24 1929

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

Do not use this space.
41596

1. PLACE OF DEATH
County Livingston — Registration District No. 508
Township — Primary Registration District No. 3026 —
City Chillicothe (No. ..., ... St. ... Ward)

File No. ...
Registered No. 143

2. FULL NAME Louis G Waller

(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 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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 20 1847

7. AGE: Years 81 | Months 2 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Joseph Waller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Don't Know

14. INFORMANT Mrs Louis Waller
(Address) Chillicothe Mo

15. FILED 1-2, 1929 Reuben O Bunn
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1928, to Dec 30, 1928, that I last saw alive on Dec 29, 1928, and that death occurred, on the date stated above, at 6.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart decompensation
... (duration) ? yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Chronic myocarditis
... (duration) ? yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED? ...
IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) R W Bussman, M. D
1/2, 1929 (Address) Chillicothe, 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: North Colored Cem — DATE OF BURIAL: Jan 2 1929
20. UNDERTAKER: H B Norman — ADDRESS: Chillicothe Mo

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.