

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

Do not use this space.

10236

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

**1. PLACE OF DEATH**

County Lentz  
Township Stamberg No.  
City Stamberg Mo.

Registration District No. 314  
Primary Registration District No. 4190

File No. \_\_\_\_\_  
Registered No. 19  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Mrs. Julia Ann Waallen**

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/23 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF L. C. Waallen

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1923, to Feb, 1929 that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 5 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23-1870

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 59 1 0

Typhoid Fever

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

CONTRIBUTORY (SECONDARY) [Signature] (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) West Point Iowa (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF BIRTH. \_\_\_\_\_

10. NAME OF FATHER Stewart

DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_

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

WAS THERE AN AUTOPSY? \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Ann Snook

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. B. Simpson M. D.

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

, 19\_\_\_\_ (Address) Stamberg 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.

14. INFORMANT L. C. Waallen (Address) Stamberg Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stamberg Mo DATE OF BURIAL 3-26 1929

15. FILED 3/25 1929 [Signature] REGISTRAR

20. UNDERTAKER Katoy F. Phillips ADDRESS Stamberg Mo

Dr. S. E. Sampson