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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No. 39741

Township: — Primary Registration District No. 1001 — Registered No. 1419

City: St. Joseph, (No. 1514 So. 17th. St. St. Ward)

2. FULL NAME Mary Ann Walder

(a) Residence. No. 3220 Locust St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Walder

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 24, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	71	10	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home.
(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): St. Paul, Minn.

PARENTS

10. NAME OF FATHER: John Nusser

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Baden, Germany

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Geo. C. Walder
(Address) St. Joseph, Mo.

15. FILED DEC 14 1929, 19 John G. Jetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec, 11, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from 12/11 (8 am), 1929, to 12/11 (1 pm), 1929 that I last saw her alive on, 19, and that death occurred, on the date stated above, at 1.10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
cerebral hemorrhage -

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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? Physical

(Signed) B B Simmons - M. D.

12/13/1929 (Address) 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	DATE OF BURIAL
Mt. Mora Cemetery	Dec, 14, 1929

20. UNDERTAKER	ADDRESS
Walter Meierhoffer	1302 Faraon St.

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.

WHITE CLAIMLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD