

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

Do not use this space.

41392

**1. PLACE OF DEATH**

County MARION Registration District No. 547  
Township MARION Primary Registration District No. 3039  
City HANNIBAL (No. LAKEVIEW Hospital) St. 6 Ward 6

File No. \_\_\_\_\_  
Registered No. 331  
St. 6 Ward 6

**2. FULL NAME**

(a) Residence. No. 2107 Chestnut St. 6 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Millie Shaulk Waldo</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 25 - 1861</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>1</u>	DAYS <u>2</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Physician</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>WARREN Co</u> (STATE OR COUNTRY) <u>PENN.</u>		
PARENTS	10. NAME OF FATHER <u>F.P. Waldo</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>NEW YORK</u>	
	12. MAIDEN NAME OF MOTHER <u>Don't know</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	
14. INFORMANT <u>Mr. Kenneth C. Waldo</u> (Address) <u>Hammock Brook</u>		
15. FILED <u>12-28-39</u> <u>C. J. ...</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-28-1929

17. I HEREBY CERTIFY, That I attended deceased from 12-24-1929 to 12-27-1929 that I last saw him alive on 12-24-29, 1929, and that death occurred, on the date stated above, at 8:09 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute peritonitis  
from perforating cancer  
of stomach  
179 (duration) yrs. mos. 3 ds.

CONTRIBUTORY Cancer of stomach (SECONDARY) (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) J. H. ... M. D.  
, 19 (Address) Hannibal 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 Woods Hill Cemetery DATE OF BURIAL 12-29-1929

20. UNDERTAKER JAMES O'DONNELL ADDRESS Hannibal Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

64  
1-300  
8

21  
3

19

31

