

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

Do not use this space.

8648

1. PLACE OF DEATH

County Jackson Registration District No. 396
Township Kaw Primary Registration District No. 1009
City Kansas City (No. St. Vincent's Hospital)

File No. _____
Registered No. 1025
St. _____ Ward _____

2. FULL NAME Catherine C. Waller

(a) Residence. No. 3412 Wyandotte St. 5th 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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>--</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 18, 1930</u>					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
			<u>17</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>-- Child</u>					
(b) General nature of industry, business, or establishment in which employed (or employer)					
(c) Name of employer					

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Allen J. Waller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Carthage
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Adelle Bougsoh
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ill.

14. INFORMANT Allen J. Waller
(Address) 3412 Wyandotte

15. FILED 7/6 1930 M.M. Brown
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 5, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1930, to Mar 5, 1930 that I last saw her alive on Mar 3, 1930, and that death occurred, on the date stated above, at 9:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Gastroenteritis
1198 / 133
158 / 133 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Inanition
(duration) yrs. mos. 9 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 Diagnosis
(Signed) C. E. Brown M. D.
Mar 6, 1930 (Address) 300 2nd City and Bldg Kansas City 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 Calvary Cemetery DATE OF BURIAL 3-7-30 19

20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS 7th City Mo

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.

THIS IS A PERMANENT RECORD

