

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.

AUG 24 1931

**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

Township

Primary Registration District No. 1001

City St. Joseph, (No. 3303 Mitchell Ave.)

24297

Registered No.

783

**2. FULL NAME**

Colonel Clyde Waller

(a) Residence, No. 3303 Mitchell St.,

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 3 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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Willie Waller</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 6, 1886</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>8</u>	DAYS <u>20</u>	If LESS than 1 day, hrs. or min. <u>3 1/2</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bond Salesman</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>H.L. Doherty Co.</u>
	10. Date deceased last worked at this occupation (month and year) <u>July, 1931</u>

11. Total time (years) spent in this occupation 3 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Isabelle, Kansas

13. NAME William Clay Waller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn.

15. MAIDEN NAME Alice Elizabeth Dye

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

17. INEORMANT (ADDRESS) Mrs. Willie Waller 3303 Mitchell Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE July, 28, 1931

19. UNDERTAKER (ADDRESS) Walter Moeckhoff 1302 Parson St. St. Joseph, Mo.

20. FILED 7-25-31 19 John R. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1931 to July 26, 1931

I last saw him alive on July 26, 1931. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Thrombosis left pulmonary  
Neurotoxic infarction  
lower part left upper lobe lung

Other contributory causes of importance:  
131  
Chronic fibrous myocarditis  
Mild Coronary Sclerosis  
Chronic nephritis - Congenital  
Hypertension left kidney

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Clarus A Good M. D.  
(Signed) \_\_\_\_\_ (Address) St. Joseph Mo

7/26/31

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