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

85

Do not use this space.

3818

1. PLACE OF DEATH
County Buchanan — Registration District No. — File No.
Township — Primary Registration District No. 1001 — Registered No. 171
City St. Joseph, (No. 1002 North 18th. St. Ward)

2. FULL NAME Rosa Waller,
(a) Residence, No. 1002 North 18th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

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

FEB 21 1932

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 Albert Waller,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1848

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
83	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

FATHER

13. NAME Wolfgang Beck,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

MOTHER

15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT Mrs. Paul E. Schultz (ADDRESS) 1002 North 18th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hurlinger, Mo. DATE Feb'y. 20 19 32

19. UNDERTAKER Heston-Bailey-Bowman Funeral Home (ADDRESS) 319 South 10th. St.

20. FILED FEB 23 1932 19 John R. Bender Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 21st. 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to Feb. 21, 1932
I last saw h.. alive on Feb. 21, 1932 Death is said to have occurred on the date stated above, at 7.55 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer of Stomach	
c bleeding & obstruction	
1178	
1078	
1178	

Other contributory causes of importance:
Senility — Bronchopneumonia

Name of operation None Date of —
What test confirmed diagnosis? Clinical & Obs. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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
(Signed) J. T. Thompson Jr., M. D.
(Address) 825 Charles — St. Joseph, Mo.