

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

Do not use this space.

20993

1. PLACE OF DEATH

County..... Registration District No. 798
Township..... Primary Registration District No. 23
City St. Louis (No. Barnes Hospital) St. Ward)

File No.
Registered No. 5493
St. Ward)

2. FULL NAME Thelma Waller

(a) Residence, No. St. 12 Ward. Delia, Mo.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irvin Waller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25-1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 4 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2357th St.
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) Warm Springs Ark

FATHER 13. NAME Dr. Clarence Finney

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk 31

MOTHER 15. MAIDEN NAME Alice Chamberlin

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

17. INFORMANT Irvin Waller
(ADDRESS) Delia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff Mo DATE 6-11-32

19. UNDERTAKER A. W. Green
(ADDRESS) Poplar Bluff Mo

20. FILED JUN -9 1932 W. C. Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-10, 1932 to 6-8, 1932

I last saw her alive on 6-8, 1932 Death is said

to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculous meningitis Date of onset 5-1-32

Pulmonary tuberculosis Indeter.

Other contributory causes of importance: Respiratory failure

Name of operation Crematory Date of 5-26-32

What test confirmed diagnosis? Clinical Was there an autopsy? no

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?

If so, specify

(Signed) F. R. Bradley M. D.

(Address) Barnes Hospital

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

MARGIN RESERVED FOR BINDING

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.

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