

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

Do not use this space.

**23895**

**1. PLACE OF DEATH**

94 County St. Francis Registration District No. 775-  
Township Perry Primary Registration District No. 6070  
City Bonne Terre Mo (No. REPAI) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Albert Waller  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds. (If nonresident, give city or town and State)

**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>Leona Waller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-16-1880</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>3</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>173</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>13</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fredericktown Mo</u>		
FATHER	13. NAME <u>John Waller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ontario Canada</u>	
MOTHER	15. MAIDEN NAME <u>Mary Clark</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT (ADDRESS) <u>Mrs Leona Waller</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marvin Chapel BT</u> DATE <u>7-11</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Geo. L. Bryan</u> <u>Bonne Terre Mo.</u>		
20. FILED <u>7/11</u> 19 <u>32</u> <u>T. Wilson</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

**3**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1932, to 7/9, 1932  
I last saw him alive on 7/7/32, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of left hip joint.  
53  
53  
Other contributory causes of importance:  
Nephroses of kidneys  
& haemorrh. 1932

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? 2nd  
If so, specify \_\_\_\_\_  
(Signed) M. M. Kucen, M. D.  
(Address) Dealage, 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.

CHIC 519 1022

