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.

NOV 25 1932

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

Do not use this space.

32834

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No.
Township — Primary Registration District No. 3126 — Registered No. 129
City Chillicothe (No. ..... St. ..... Ward)

59
1
7

2. FULL NAME Mrs Mildred Catherine Waller

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 4 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1846

7. AGE: YEARS 86 — MONTHS 3 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
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) Clinton Co Mo 1

FATHER
13. NAME Milton Weldon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 2

MOTHER
15. MAIDEN NAME Jane Moss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Mrs Kathryn M Sailor Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE Oct 29 1932

19. UNDERTAKER (ADDRESS) James M Laughlin Marceline Mo

20. FILED Oct 28 1932 R Barney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1932

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1932 to Oct 27, 1932
I last saw her alive on Oct 27, 1932. Death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset

82A

Other contributory causes of importance:

Name of operation no — Date of .....
What test confirmed diagnosis? symptoms — 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? no
If so, specify .....
(Signed) C M Grace, M. D.
(Address) Chillicothe Mo