

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.

APR 24 1933
109

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

Do not use this space.

12154

1. PLACE OF DEATH

County Warren
Township Chatham
City (No.)

Registration District No. 851
Primary Registration District No. 6171

File No.
Registered No. 8
Ward (No.)

2. FULL NAME Louisa M. Waller

(a) Residence, No. St. Ward.
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John D. Waller</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24-1840</u>				
7. AGE	YEARS <u>87</u>	MONTHS <u>2</u>	DAYS <u>18</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>Retired</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Forestville, Va. Charles Co. Va.</u>			
	13. NAME <u>Thomas H. Lockitt</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Co. Va.</u>			
FATHER	15. MAIDEN NAME <u>Elizabeth Edwards</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Co. Va.</u>			
	17. INFORMANT (ADDRESS) <u>L. C. Waller, Springfield Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wright City, Mo</u> DATE <u>0/16</u> 19 <u>33</u>				
19. UNDERTAKER (ADDRESS) <u>F. W. Hubing, Warren Mo</u>				
20. FILED <u>March 7 1933</u> <u>L. Waller</u> Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/14 1933

22. HEREBY CERTIFY, That I attended deceased from July 1929, to March 1933
I last saw him alive on March 10 1933. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:
Senility
Paraplegia
myelitis
Other contributory causes of importance: Apoplexy
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 19.....
Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) B. J. Brandt, M. D.
(Address) Warrenton Mo

