

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 10 1933

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

H. H. H. H.
Do not use this space.

34048

1. PLACE OF DEATH
County Putnam Registration District No. 668
Township 20 & Warren Primary Registration District No. 3032
City Salida (No. 20 & Warren) St. Mo Ward 241

2. FULL NAME James W. Waland
(a) Residence, No. 20 & Warren St. Mo Ward 241
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lora Waland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27 1898

7. AGE YEARS 43 MONTHS 6 DAYS 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME John Waland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Ella Brink

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Lora Waland (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE 10/12 1933

19. UNDERTAKER Billiepie Family Home (ADDRESS) Salida Mo

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1933 to Oct 8 1933
I last saw him alive on Oct 8 1933 Death is said to have occurred on the date stated above, at 12a m.
The principal cause of death and related causes of importance were as follows:
Diabetic coma
57
Other contributory causes of importance:
Diabetic Insulin
Name of operation _____ Date of _____
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? 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) Alfred S. Monroe M. D.
(Address) 1116 W. & Salida Mo

