

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

Do not use this space.

36552

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 828
Primary Registration District No. 7002
(No. 5331 Highland)

File No. _____
Registered No. 1077
St. _____ Ward) _____

2. FULL NAME Miss Lollie Waller

(a) Residence, No. 5331 Highland St., _____ Ward.

(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>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1852</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>81</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>None</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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>No Record</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>			
MOTHER	15. MAIDEN NAME <u>No Record</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>			
17. INFORMANT <u>Thomas Shea</u> (ADDRESS) <u>305 March 16 N. W. 11th</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Johns Cem</u> DATE <u>11/14/33</u>				
19. UNDERTAKER <u>Quirk & Tobin Co.</u> (ADDRESS) <u>20 West Linwood</u>				
20. FILED <u>Nov 14 33</u> <u>M. M. Crowe</u> <u>Registrar</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1933 to Nov 13, 1933

I last saw her alive on Nov 13, 1933 Death is said

to have occurred on the date stated above, at 3:05 P M

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

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance:

Arterio Sclerosis

Date of onset
Nov 6 1933
several years

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? _____ 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 Paul J. Bourke, M. D.
(Signed) _____
(Address) Bryant Bldg

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.

NOV 19 1933

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