

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.

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

Do not use this space.

APR 1 2 1935

10244

1. PLACE OF DEATH

County ReelsRegistration District No. 912Township JeffersonPrimary Registration District No. 5960 B

City _____ (No. _____)

File No. _____

Registered No. 7

St. _____ Ward _____

2. FULL NAME Erin Lester 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>M</u>	4. COLOR OR RACE <u>W</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>March 2 - 1935</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>2</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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) _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Mo13. NAME Frank Waller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Corra Binkes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Frank Waller Vandalia Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville DATE 3-5-3519. UNDERTAKER (ADDRESS) W. J. Vaters Vandalia Mo20. FILED 3/5 19 35 Mallie Fugate Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5 - 193522. I HEREBY CERTIFY, That I attended deceased from March 2, 1935, to March 5, 1935I last saw him alive on March 3, 1935. Death is saidto have occurred on the date stated above, at 8:15 A.M.

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

ConvulsionsDate of onset March 4 1935

Other contributory causes of importance:

Premature birth - 8 months child
Interuption

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? No

If so, specify _____

(Signed) Dr. Robert R. Marshall C.P. _____(Address) Vandalia Missouri

