

Dr. Gillham

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

Do not use this space.

38994

1. PLACE OF DEATH Jan 15 1936County ColeRegistration District No. 213

File No. ....

Township .....

Primary Registration District No. 3014Registered No. 341City Jefferson (No. ....)

St. .... Ward)

2. FULL NAME Christopher Wallendorf

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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) Jan-2-1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>46</u>	<u>11</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant9. 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) Jefferson City, Mo. (STATE OR COUNTRY)13. NAME Jacob Wallendorf14. BIRTHPLACE (CITY OR TOWN) Jefferson City, Mo. (STATE OR COUNTRY)15. MAIDEN NAME Adelaide Kolkmeier16. BIRTHPLACE (CITY OR TOWN) Jefferson City, Mo. (STATE OR COUNTRY)17. INFORMANT Jake Wallendorf (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters Cem DATE Dec-9- 193519. UNDERTAKER Stephen G. Gordon (ADDRESS) Jefferson City, Mo.20. FILED 12/7/1935 Overseer of M&H Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6 1935

22. I HEREBY CERTIFY, That I attended deceased from

12-1 1935 to 12-6 1935I last saw him alive on 12-6 1935. Death is saidto have occurred on the date stated above, at 6:30 P.M.

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

<u>Chronic Pulmonary Tuberculosis</u>	Date of onset <u>1922</u>
---------------------------------------	------------------------------

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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. Gillham, M. D.(Address) Jefferson City, Mo.

WHITE PAPER, 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.

