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

Do not use this space.

22034

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85
Township: — Primary Registration District No.: 1001
City: St. Joseph, (No. State Hospital #2. St. Ward)

File No.:
Registered No.: 302

2. FULL NAME: Leonidas Waller

(a) Residence, No.: Buchanan Co. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: 34 yrs. 9 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Belle Waller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct, 2, 1867

7. AGE — Years: 68 — Months: 8 — Days: 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): 1930
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co, Mo.

FATHER
13. NAME: Thomas Waller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Booneville, Mo.

MOTHER
15. MAIDEN NAME: Elizabeth Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co, Mo.

17. INFORMANT: Mr. J. V. Waller
(ADDRESS): Faucett, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sparta Cemetery DATE: June, 13, 1936

19. UNDERTAKER: Walter Meierhofer
(ADDRESS): 1302 Faraon St. St. Joseph, Mo.

20. FILED: June 11, 1936 L. J. Kestlebush
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June, 11, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19-, 1935, to June-11-, 1936
I last saw him 1m alive on June-11-, 1936. Death is said to have occurred on the date stated above, at 11.50 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	11/19/25
	Plus.
Senility	age 77

Other contributory causes of importance:

Name of operation: None 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? 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): C. C. DeLong, M. D.
(Address): State Hosp. #2. St. Joseph, Mo.