

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

Do not use this space.

15211

MAY 15 1937

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. St. Lukes Hosp.) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Eldon L. Waller

(a) Residence, No. 3939 Michigan 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 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 Mrs. Ruth Waller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	42	10	2	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Telegraph</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Operator</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Joseph Waller

14. BIRTHPLACE (CITY OR TOWN) Edgerton
 (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Hattie Goines

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

17. INFORMANT Mrs. Ruth Waller
 (ADDRESS) 3939 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE April 13, 1937

19. UNDERTAKER D.W. Newcomer's Sons
 (ADDRESS) _____

20. FILED Apr 12 1937 M. M. Cronin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1937, to April 11, 1937
 I last saw h. alive on April 11, 1937. Death is said to have occurred on the date stated above, at 10:50 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic diffuse nephritis Date of onset 1930

Other contributory causes of importance:
Hydronephrosis and hydrouresis 1936
Adhesive pericarditis chronic 1930
Uremia 2-19-1937

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) R. Bohan M. D.
 (Address) 906 Med. Arts Bldg. K.C. Mo.

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.

Medical Arts Bldg.