

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

Do not use this space.

1. PLACE OF DEATH **JUN 29 1937**
 County **Stoddard** Registration District No. **840**
 Township **Suck Creek** Primary Registration District No. **6102**
 City **Puress** (No. _____) St. _____ Ward _____

2. FULL NAME **Daisy Lavona Waller**
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. **21527**
 Registered No. **19**

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **C. P. Waller**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 4, 1877**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
93⁴	60	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housekeeper**

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) **Libson Co. Ind.**

FATHER

13. NAME **Andrew L. Meadows**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't know**

MOTHER

15. MAIDEN NAME **Mary C. Mitchel**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ind.**

17. INFORMANT **C. P. Waller**
 (ADDRESS) **Puress, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Puress Cem.** DATE **May 15 1937**

19. UNDERTAKER **Hickman White's Store**
 (ADDRESS) **Puress Mo.**

20. FILED **5/15 1937** **Virvian Hawk** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 14 1937**

22. I HEREBY CERTIFY, That I attended deceased from **June 1 1937** to **May 14 1937**
 I last saw him alive on **May 14 1937**. Death is said to have occurred on the date stated above, at **8 p. m.**
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: **None**

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) **C. P. Waller**, M. D.
 (Address) **Puress, 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.

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