

1939 JUL 14 1939

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette Registration District No. 466
Township Clay Primary Registration District No. 46220
City (No.) St. Ward

File No. 22507
Registered No. 14

2. FULL NAME

Carolena Sophia Waller
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10 - 1858

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. min.
80 5 3

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

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) Sweden

13. NAME Joelhana Nelson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT (ADDRESS) Mrs. Mary Coiswell
Transvaal city

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellington, Mo DATE June 4, 1939

19. UNDERTAKER (ADDRESS) Winkler
Lynnston, Mo

20. FILED June 9, 1939 F. W. Mearns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1939

22. I HEREBY CERTIFY that I attended deceased from May 28, 1939 to June 1st, 1939

I last saw h. alive on June 1st, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Hypostatic pneumonia Date of onset
Complicating postoperative fracture of left femur
neck of femur

Other contributory causes of importance: 186

Organic Heart lesion

Name of operation none 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? Accident Date of injury 5-28, 1939

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Arise from chair fall

Nature of injury Striking left femur head

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Robt. Sheets M. D.

(Address) Orleans, Missouri

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, 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.

V. S. NO. 2
100M-30-36
REV. 1 X7044

RECEIVED
District Health Officer No. 8,
District File Number 7/11/39
Date Filed _____