

Do not use this space.

DEC 14 1937

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

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township St. Joseph, Mo Primary Registration District No. 1001 File No. 40730  
City St. Joseph, Mo (No. St. Joseph's Hospital) Registered No. 1287

2. FULL NAME Hubert William Waller

(a) Residence, No. St. Joseph, Mo. Ward. 15500 N. O.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 2 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) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1916  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 21 3 26  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Oct. 1937 11. Total time (years) spent in this occupation Years

12. BIRTHPLACE (CITY OR TOWN) Buchanan County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Sylvester S. Waller

14. BIRTHPLACE (CITY OR TOWN) Buchanan County (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Joséphine Flier

16. BIRTHPLACE (CITY OR TOWN) Buchanan County (STATE OR COUNTRY) Missouri

17. INFORMANT Sylvester S. Waller (ADDRESS) St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL New Kensington Mo PLACE St. Mary's Con DATE Nov. 16 1937

19. UNDERTAKER Heston-Beckle & Borman (ADDRESS) 313 S 10 St. St. Joseph, Mo.

20. FILED Nov 16 1937 H J Neathbush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-22-37, 19... to 11-23-37, 19...  
I last saw him alive on 11-23-37, 19... 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:

Acute endocarditis with broncho-pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: Mitral heart disease

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? X-ray 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 Donald H. Breit, M. D.  
(Signed) \_\_\_\_\_ (Address) 825 Charles St.

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.

42