

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

40256
40166

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St Joseph moPrimary Registration District No. 1001City St Joseph mo (No. State Hospital No. 2)File No. 1301Registered No. 1301St. Ward

2. FULL NAME

(a) Residence. No. 616 17th St. St Joseph mo Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 10 mos. 22 ds.

How long in U.S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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 OFAlaysious Waller

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

Dec. 16, 1845

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.86015

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St Genevieve
mo

10. NAME OF FATHER

Michael Fisher

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Lepena Waddy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Records State Hosp #2St Joseph mo

15.

FILED

1-1-29John R. Bender

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Dec 31, 1931

17.

I HEREBY CERTIFY, That I attended deceased from

1931, to Dec 31, 1931,
that I last saw her alive on Dec 31, 1931, and that
death occurred, on the date stated above, at 12:15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

99
11-26
Cerebral Arteriosclerosis
over (duration) 10 yrs. 22 ds.
CONTRIBUTORY (SECONDARY) Senile Psychosis
over (duration) 10 yrs. 22 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Chilton Smith M. D.Dec 31, 1931 (Address) State Hosp #2
St Joseph mo

*State the DISEASE CAUSING DEATH, or deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Joseph's at Easton, MO.Jan. 2, 1931

20. UNDERTAKER

ADDRESS

H. O. Sidenfaden1802 Union St

JAN 19 1932

