

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

Do not use this space.

37278

1. PLACE OF DEATH
 County Worth Registration District No. 1161
 Township Park Primary Registration District No. 707
 City Union Star (No. _____) St. _____ (Ward _____)

2. FULL NAME Mrs. Ester Calmar Waldo
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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 or (or) WIFE of John Waldo

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 22, 1870

7. AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.
61 | 6 | 17

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Albia
 (STATE OR COUNTRY) Iowa

10. NAME OF FATHER J. C. Morford

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Valpraiso
 (STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER Lettya Milligan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bowling Green
 (STATE OR COUNTRY) Ind.

14. INFORMANT E. R. Waldo
 (Address) 2707 So 19th St. Jones mo

15. FILED 11/9/31 E. M. Reynolds
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 9 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1931, to Nov 8, 1931, that I last saw her alive on Nov 8, 1931, and that death occurred, on the date stated above, at 12:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
10 1/2 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 10 1/2 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? EM Reynolds
 (Signed) _____, M. D.
11/9/31 (Address) Union Star Mo

*State the DISEASE CAUSING DEATH, or in 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 Union Star Cemetery DATE OF BURIAL 11/10/31

20. UNDERTAKER H. H. Wilson ADDRESS Union Star Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

DEC 21 1931

K. 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 in very important.

