

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

Do not use this space.

**1. PLACE OF DEATH**

County Greene  
Township Springfield  
City Springfield (No. 736)

Registration District No. 318  
Primary Registration District No. 736 N. Campbell

**8578**

File No. 231  
Registered No. 231  
St.          Ward         

**2. FULL NAME**

(a) Residence, No. 736 N. Campbell St.,          Ward.           
(Usual place of abode) (If nonresident give city or town and State)  
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 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) Feb 5 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 1 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Infant at Home  
(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) Mo. Lloyd M. Waller

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Mo. Edith Cantrell

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Mo. L. M. Waller

**14. INFORMANT**

(Address) Springfield, Mo.

**15. FILED**

3-30-28 19 28 Detorst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-30-1928

17. I HEREBY CERTIFY, That I attended deceased from 3-29-1928, to 3-30-28 that I last saw him alive on 3-29-1928, and that death occurred, on the date stated above, at          m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pneumonia  
Primary  
107A (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 107A (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH         

19. DID AN OPERATION PRECEDE DEATH? no DATE OF         

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS         

(Signed) Edith Cantrell M. D.  
3/20, 1928 (Address) 510 Woodruff Bldg

\*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 DATE OF BURIAL

Prospect Cemetery March 31, 1928

20. UNDERTAKER W. Plingner ADDRESS 204 1/2 Canal St. Springfield, 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.

1928

RECORD

