AUG 21 1928

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.

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

Do not use this space.

23024

File No. .....
Registered No. 828

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township ..... — Primary Registration District No. 1001

City St. Joseph, (No. ~~Charles Aville~~ Waller, ... St. ..... Ward)

2. FULL NAME Charles Aville Waller,

(a) Residence. No. 2606 South 23rd. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Divorced

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Waller,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb'y. 29, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	4	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) Retired,

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Weston,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Unknown,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

12. MAIDEN NAME OF MOTHER Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Mrs. Edna Vandickle
(Address) 2606 South 23rd. Street.

15. FILED JUL 9 1928 19 ..... John Eggle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7. 1928

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1928, to July 7, 1928 that I last saw h..... alive on ....., 19..... and that death occurred, on the date stated above, at 7:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
82A
97
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. H. Gray, M. D.
7/9 1928 (Address) 1725 S. Commercial

*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 Ashland Cemetery — DATE OF BURIAL July 9, 1928

20. UNDERTAKER Wenton Bell & Bowman by J. H. Kapp — ADDRESS 319 S. 10 St. Funeral Home