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.

28972

1. PLACE OF DEATH

County ..... Registration District No. 79 File No. .....

Township ..... Primary Registration District No. 100 Registered No. 8477

City St Louis (No. St Louis Children's Hospital St. ..... Ward)

2. FULL NAME Woodrow Waller

(a) Residence. No. Welch Ok R R #1 St., 12 Ward. Welch Oklahoma
(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): —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10-7-1918

7. AGE: Years 9 | Months 10 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At School
(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): Oklahoma

PARENTS

10. NAME OF FATHER: Dave Waller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Elsie Pitchford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): ark.

14. INFORMANT: L. Koetting
(Address) 500 S. Kingshighway

15. FILED AUG 20 1928 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8-20- 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-16- 1928, to 8-20- 1928, that I last saw him alive on 8-20, 1928, and that death occurred, on the date stated above, at 11:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain Tumor (non malignant 54D) (duration) 1 yrs. 6 mos. 0 ds.

CONTRIBUTORY (SECONDARY): Post operative Shock (duration) 0 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8-20-28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination & Operation

(Signed) A. C. Edwards, M. D

8-20, 1928 (Address) 500 S. Kingshighway

*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: Welch Oklahoma | DATE OF BURIAL: Aug 23 1928

20. UNDERTAKER: Philander Craig | ADDRESS: Washington 4468