

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

Do not use this space.

36059
= 4459

1. PLACE OF DEATH

County ~~Franklin~~ Jackson Registration District No. 399
Township Kaw Primary Registration District No. 2002
City Kansas City (No. City Hospital #2) St. 3 (Ward)

2. FULL NAME

Waller, Virgil
(a) Residence. No. 1010 Adams St. 11 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 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) June 24, 1904

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
26	..	4	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Laborer not employed
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) clay County (STATE OR COUNTRY) Mo

10. NAME OF FATHER Harkman Thurtel

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Thurston Waller (Address) 1122 Everett K.C.

15. FILED 11-3, 1930 Wm Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1929, 1930 that I last saw him alive on Nov 1, 1930 and that death occurred, on the date stated above, at 6 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

pneumonia T.B. unknown (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTACTED IF NOT AT PLACE OF DEATH not known.

DID AN OPERATION PRECEDE DEATH? no DATE OF

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Waller White Oak 11-3 1930

20. UNDERTAKER K. E. Emb. Cas. Co ADDRESS 440 State K.C.

*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.

