

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.

AUG 20 1935

23895

1. PLACE OF DEATH

County Newton Registration District No. 612  
Township Gay, Van Buren Primary Registration District No. 3814  
City Newton No. 1 St. Newton Ward 1

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

2. FULL NAME

William Preston Waller

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25 1860</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>10</u>	DAY <u>8</u> If LESS than 1 day, .... hrs. .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>10 years ago</u> 11. Total time (years) spent in this occupation <u>10 yrs</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bates Co. Mo.</u>		
FATHER	13. NAME <u>John Waller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Hunter Page</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Interment Newton Cemetery</u> DATE <u>July 5</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>People's Home Iowa Beth</u>		
20. FILED <u>7-5-35</u> 19 <u>35</u> <u>Grace H. Baker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 3 1935

22. I HEREBY CERTIFY That I attended deceased from June 29<sup>th</sup> 1935 to July 3<sup>rd</sup> 1935  
I last saw him alive on June 29<sup>th</sup> 1935. Death is said to have occurred on the date stated above, at 1:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis  
Hypertension  
Cardiac Decompensation  
Atherosclerosis

Name of operation none Date of none  
What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) Melvin C. Bowman, M. D.  
(Address) Neosho Missouri

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