APR 15 1937

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

Do not use this space.

File No. 11221
Registered No. 332

1. PLACE OF DEATH

County BUCHANAN — Registration District No. 85
Township ~~WASHINGTON~~ — Primary Registration District No. 1001
City ST. JOSEPH (No. St. Joseph's Hospital St. Ward)

2. FULL NAME INFANT WALLER

(a) Residence, No. R.F.D. #6, 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	WHITE	INFANT

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 13, 1937

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. JOSEPH, MISSOURI

FATHER

13. NAME Z. D. WALLER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. JOSEPH, MO. R.F.D. 6 MO.

MOTHER

15. MAIDEN NAME VELMA L. McCOY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GUYMON, OKLAHOMA

17. INFORMANT MR. Z. D. WALLER
(ADDRESS) R.F.D. # 6 ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK CEM. DATE MARCH 16, 1937

19. UNDERTAKER FLEEMAN & SON, INC.
(ADDRESS) 1947 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 3/16 37 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 13, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/13, 1937, to 3/13, 1937.
I last saw her alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:45 P.M.
The principal cause of death and related causes of importance were as follows:

[illegible] — Date of onset 3/13/37

Other contributory causes of importance: Placenta Previa — 3/13/37

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. 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) [signature], M. D.
(Address) St. Joseph, 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.