

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

Do not use this space.

31326

1. PLACE OF DEATH

Comy. Pike

Registration District No. 684

Township Bowling Green

Primary Registration District No. 4408

City Chicago

File No. _____

Registered No. 34

St. _____

Ward) _____

2. FULL NAME

Walter D. Middlewary

(a) Residence No. _____ St. _____

Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds.

2 yrs.

_____ mos.

_____ ds.

How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

_____ yrs.

_____ mos.

_____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Minnie Park Middlewary

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

May 3 - 1867

7. AGE

YEARS 61

MONTHS 4

DAYS 17

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

Farmer

(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)

Ohio

10. NAME OF FATHER

John Middlewary

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Mariah G. G. G.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14.

INFORMANT Mrs. Minnie Middlewary

(Address) Bowling Green Mo

15.

FILED 1910 28 07

D. S. D. Registrar

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

9-20-1928

17.

I HEREBY CERTIFY, That I attended deceased from Sept 19 1928 to Sept 20 1928 that I last saw him alive on Sept 19 1928 and that death occurred, on the date stated above, at 6:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Perniciou anemia

7119 580 (duration) 2 yrs 6 mos ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

0 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. Edgell M. D.

9-21, 1928 (Address) Bowling Green

*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

DATE OF BURIAL

New Liberty Cemetery Sept 23 1928

20. UNDERTAKER

ADDRESS

H. B. Elmore Bowling Green

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.

