B 18 1930

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

Do not use this space.

File No. 768

Registered No. 10

1. PLACE OF DEATH

County: Greene — Registration District No. 318

Township: — Primary Registration District No. 2009

City: Springfield (No. 1 Dr. Jones St. Ward)

2. FULL NAME Chas Robert Halloway

(a) Residence. No. Military Dept. St., Ward. Willow Springs, Mo
(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*)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 1-1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	58		3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Railway Conductor
(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) Ill

PARENTS

10. NAME OF FATHER Richard Halloway

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

12. MAIDEN NAME OF MOTHER Elizabeth Hartline

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

14. INFORMANT Lucile Halloway
(Address) 412 E. Harrison

15. FILED 1-5, 1930 Lon Sharp REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-24, 1929, to 1-3, 1930, that I last saw h.... alive on 1-3, 1930, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Miliary tuberculosis
24A
99B
(duration) 15 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tubercular Meningitis
(duration) yrs. mos. 10 ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Sputum X-ray Spinal Puncture

(Signed) L. M. Rinehart, M. D.

-4-, 1930 (Address) Pride Bldg - Springfield Mo.

*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
Willows Springs, Mo.	Jan. 5 1930

20. UNDERTAKER	ADDRESS
Herman H. Lohmeyer	Springfield 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD