

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

Do not use this space.

21469  
2034

**1. PLACE OF DEATH**

County Jackson Registration District No. 349  
 Township Rail Primary Registration District No. 1003  
 City K. C. Mo. (No. 2626 Jackson) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charles Emery Northway  
 (a) Residence No. 2626 Jackson St., 14 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 M 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Emma Northway

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-21-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 7 23

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Delicatessen<sup>14 1/2</sup>  
 (b) General nature of industry, business, or establishment in which employed (or employer) operator  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan 2

10. NAME OF FATHER John Northway

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

12. MAIDEN NAME OF MOTHER no record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no record

14. INFORMANT (Address) Mrs Emma Northway  
2626 Jackson

15. FILED 6/13/31 W. McNamee REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-13-1931

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1930, to June 13, 1931, and that I last saw him alive on June 13, 1931, and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Liver  
46 E. (duration) 1 yrs. 0 mos. 0 ds.  
53 F.

CONTRIBUTORY (SECONDARY) Abdominal Melastasis

(duration) 4 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

46 E. (duration) \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS Examination  
 (Signed) W. McNamee M. D.  
6-13, 1931 (Address) 407 Waldheim

\*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 Seabalia Mo. DATE OF BURIAL 6-15 1931

20. UNDERTAKER Mrs. C. L. Foster ADDRESS City

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

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.

Waldheim Vi - 6708  
621 W. 58<sup>th</sup> St. H: 1804  
V2-7134