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.

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

Do not use this space.

21677

1. PLACE OF DEATH
County Shelby — Registration District No. 830 — File No. 13
Township Salt River — Primary Registration District No. 6091 — Registered No.
City ~~Shelbina~~ Mo. (No. , St. Ward)

2. FULL NAME Harry Way
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

## 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: Mrs. Harry Way

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 9 - 1846

7. AGE: YEARS 85 — MONTHS 10 — DAYS 27 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

FATHER
13. NAME: Frederick Way
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER
15. MAIDEN NAME: Harriett Way
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

17. INFORMANT (ADDRESS): William Applegate, Shelbina Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: June 6th — DATE: Shelbina Mo

19. UNDERTAKER (ADDRESS): J. B. Brothers, Shelbina Mo.

20. FILED 6-10 1932 Madge Good, Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6 - 5 - , 1932

22. I HEREBY CERTIFY, That I attended deceased from 3 - 5 - , 1932, to 6 - 1 - , 1932
I last saw him alive on 6 - 1 - , 1932. Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-renal disease | 6-6-29 |
| 95B | |
| 97 | |
| 95B | |
| Other contributory causes of importance: | |
| Arterio-sclerosis. (1) | 10 yrs |

Name of operation — Date of
What test confirmed diagnosis? Clinical — 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) A. M. Wood, M. D.
(Address) Shelbina Mo.