

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

Do not use this space.

AUG 29 1934

File No. 71125483
Registered No. _____
St. 1 Ward

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Macon Primary Registration District No. 2825
City Hannibal (No. North River Road)

2. FULL NAME

Charles Nathaniel M^e Goway
(a) Residence, No. North River Rd St. 1 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 50
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer
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) Don't know
13. NAME " "
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "
15. MAIDEN NAME " "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Susie M^e Goway
18. BURIAL, CREMATION, OR REPOSE PLACE St. Cyril Cemetery, July 19, 1934
19. UNDERTAKER (ADDRESS) St. Cyril Cemetery
20. FILED 1 24 19 34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1934
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him alive on _____, 19____ Death occurred 7th found dead at home on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 930
112
Other contributory causes of importance 730
Asthma

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none, 19____
Where did injury occur? Hannibal, Marion Co., Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury found dead in bed
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Carl E. Schwanitz M.D.
(Address) Hannibal, Mo.
Carmer, Marion Co., Mo.

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.

