

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.

JUL 13 1935

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

Do not use this space.

23746

1. PLACE OF DEATH

County Maine  
Township Liberty  
City Woodland (No. ....)

Registration District No. 548  
Primary Registration District No. 574 (2)

File No. ....  
Registered No. 38  
St. .... Ward)

2. FULL NAME

Cyrus Way

(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 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 single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 2 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Pennsylvania

13. NAME Frederick Way

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany, N.Y.

15. MAIDEN NAME Harrise Spinale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT Miss Edna Way (ADDRESS) Liberty Woodland, Me.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelburne, Me. DATE 7/9 1935

19. UNDERTAKER E. J. Spurgeon (ADDRESS) Waldport, Me.

20. FILED July 8 - 1935 Vertude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1935

22. I HEREBY CERTIFY, That I attended deceased from June 29 1935 to July 5 1935  
I last saw h. in alive on July 5 1935 Death is said to have occurred on the day stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease

Date of onset ?

Other contributory causes of importance:

Chronic Bronchitis

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? ..... 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) F. L. Wolfe, M. D.  
(Address) Palmyra, Missouri

