

JUL 20 1936

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

Do not use this space.

22412

1. PLACE OF DEATH

County Daviess
Township Jamosport
City (No. _____) _____

Registration District No. 25-2
Primary Registration District No. 3331

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME William Thomas Caraway

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 79 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sallio M. Caraway</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May, 25, 1857</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>0</u>	DAYS <u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Agriculture</u>
	10. Date deceased last worked at this occupation (month and year) <u>Jan., 1936</u>
	11. Total time (years) spent in this occupation. <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) Daviess Co.
(STATE OR COUNTRY) Missouri

13. NAME Joseph P. Caraway

14. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Kipper

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

17. INFORMANT Orville Caraway
(ADDRESS) Gallatin, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Witron Cemetery DATE June 5, 1936

19. UNDERTAKER Hope Furn. & Undt. Co.
(ADDRESS) Gallatin, Mo.

20. FILED 6-14-36 W. B. Bailey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1936, to May 4, 1936

I last saw him alive on May 3, 1936 Death is said to have occurred on the date stated above, at 6:30 PM

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

Older Sarcema

Date of onset

Other contributory causes of importance:

Neuritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) M. B. Bailey

(Address) Gallatin, 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.

