AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25486

Township ..... Primary Registration District No. 1003 Registered No. 6660

City St Louis Mo (No. Frisco Hosp. St. ..... Ward)

2. FULL NAME Tom Halliway

(a) Residence, No. 4960 Laclede ave St. Louis Mo Ward. 12 (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 M

4. COLOR OR RACE Colour

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk.

7. AGE YEARS About 63 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frisco Hospital

10. Date deceased last worked at this occupation (month and year) 6/23/37

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

FATHER

13. NAME John Halliway

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

MOTHER

15. MAIDEN NAME Carolyn Matthews

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

17. INFORMANT (ADDRESS) ~~Frisco Hosp.~~ Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 7/12 th, 1937

19. UNDERTAKER (ADDRESS) Lee. J. Sneed and Co. 2812 Thomas, St.

20. FILED ..... 19 J F Bredeck Registrar.

JUL 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/8/ 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/23/ 1937, to 7/8/37, 19..
I last saw him alive on 7/8/ 1937. Death is said to have occurred on the date stated above, at 9 am.
The principal cause of death and related causes of importance were as follows:

Acute Myocardial Failure

Date of onset

99a

Other contributory causes of importance:
Hx Herniotomy Rt Inguinal 6/24/37
that evening developed a thrombosis of Rt. Popliteal artery

Name of operation Herniotomy Rt Date of 6/24/37

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) Hugh Haynes Jr, M. D.
(Address) 4960 Laclede

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.

866

V. S. No. 2 ZDM-2-19-30 X7294