SEP 10 1937

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

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 28911

Township ..... Primary Registration District No. ..... Registered No. 7544

City St. Louis, Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Minor Walter Way

(a) Residence, No. ..... St. NR Ward. Moberly, Mo
(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 (write the word) Single

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

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

7. AGE abt. YEARS 40 | 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. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Power & Light Co

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) Mo.

FATHER

13. NAME Wm Way

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

MOTHER

15. MAIDEN NAME Ida Halterman

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

17. INFORMANT (ADDRESS) Wy deceased on entry at Barnes Hospital

18. ~~BURIAL, CREMATION, OR REMOVAL~~ PLACE Moberly Mo. DATE 7-14 1937

19. UNDERTAKER (ADDRESS) Ewing Und. Co. Moberly Mo.

20. FILED AUG 9 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-5, 1937, to 7-14, 1937

I last saw him alive on 7-14, 1937 Death is said to have occurred on the date stated above, at 6 35 p.m.

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

MULTIPLE LUNG ABCESSES, RGT. caused by Broncho pneumonia

Date of onset

Other contributory causes of importance:

107a

Name of operation CAUTERY PNEMECTOMY Date of 6/30/37

What test confirmed diagnosis? OPERATION 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? .....

If so, specify .....

(Signed) E. M. Beicker, M. D.

(Address) BARNES HOSPITAL

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.

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