REC'D MAR 22 1938

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

Do not use this space.

File No. 7621

Registered No. 19

1. PLACE OF DEATH
County Nodaway
Township
City Maryville (No. St Francis Hospital St. Ward)
Registration District No. 628
Primary Registration District No. 3031

2. FULL NAME Wayne David Caraway
(a) Residence, No. 600 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-10-38

7. AGE

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

OCCUPATION

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

FATHER
13. NAME Paul A. Carpway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethany Mo

MOTHER
15. MAIDEN NAME Jannie Fern Mann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanberry Mo

17. INFORMANT Paul A. Carpway
(ADDRESS) Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanberry Mo DATE 2-13 1938

19. UNDERTAKER Price Funeral Home
(ADDRESS)

20. FILED 2-12 1938 Mamie P. Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1938 to 2-12 1938
I last saw h alive on 2-12 1938. Death is said to have occurred on the date stated above, at 10 40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
16 D B	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) J M Boyles M. D.
(Address) Conception Junct

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.