

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

Do not use this space.

REC'D FEB 24 1939

1. PLACE OF DEATH

64 County marion Registration District No. 547
 1 Township marion Primary Registration District No. 3029
 5 City Hannibal (No. 501A Union) St. 4 Ward 4

File No. 3044
 Registered No. 33
 St. 4 Ward 4

2. FULL NAME 247 Otis O. Midway

(a) Residence, No. 501A Union St. 4 Ward. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
47 9 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman
 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) St. Johns Mo

FATHER 13. NAME Curtis Midway

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

MOTHER 15. MAIDEN NAME Clara M. Gay

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

17. INFORMANT (ADDRESS) Mrs Birdie Midway Hannibal

18. BURIAL, CREMATION, OR REMOVAL PLACE Hannibal DATE 1-22-39

19. UNDERTAKER (ADDRESS) James P. Donnell Hannibal Mo

20. FILED Jan 25 1939 W. C. Grisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 - 1939

22. I HEREBY CERTIFY That I attended deceased from 19 39 19..... to Jan 19 39 I last saw him alive on Jan 19 39 Death is said to have occurred on the date stated above, at 11 48 m.

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

Chr. Nephritis
121

Other contributory causes of importance:
Chr. myocarditis

Name of operation..... Date of.....
 What test confirmed diagnosis? chr 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) Hubmann M. D.
 48 (Address) 1100 E. Hwy Hannibal 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.

