

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

Do not use this space.

17167

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Petersburg (No. 2607) Glascow (No. 2607)
City..... (No. 2607) Glascow (No. 2607)

File No.....
Registered No. 5167
St. Ward)

2. FULL NAME

(a) Residence. No. 2607 Glascow 20 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Caucasian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Kathie Conley
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16 - 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 | 7 | 15
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Labourer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Dane Conley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miss
(STATE OR COUNTRY)

14. INFORMANT Kathie Conley
(Address) 2607 Glascow

15. FILED 111N - 3 1927 Mar 6 Starob
FRIED 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 - 1927
17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1927, to May 31, 1927, that I last saw him alive on 5 - 131 - 1927, and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Insufficiency
92A (duration) yrs 3 mos. 15 da.
CONTRIBUTORY (SECONDARY) 900W (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Symptoms
(Signed) J. O. Mathall, M. D.
, 19 (Address) 1001 - 1/2 - Jefferson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Grenada Miss DATE OF BURIAL 6 - 3 - 1927

20. UNDERTAKER W. S. Wade & Sons ADDRESS 4202 Finney

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.

