

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

Do not use this space.

27454

1. PLACE OF DEATH

County Jackson Registration District No.

Township Raw Primary Registration District No.

City Kansas City (No. 21) General Hospital St. 2530 (Ward)

File No.

Registered No. 2530

2. FULL NAME

(a) Residence. No. 2411 E 22 St. H Ward.

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

widow

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

Rogers Rivers

7. DATE OF BIRTH (MONTH, DAY, AND YEAR)

unknown

7. AGE

YEARS 61

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Home

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

New York City

PARENTS

10. NAME OF FATHER

Jno Conway

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Sarah

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

unknown

14.

INFORMANT (Address)

Chas A. P. Byron
3922 State Ave

15.

FILED

8/23, 28 M.M. Crowe
Corr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 22 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental - automobile
& thru car
skull fractured
K 6 Mo (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 20XM
1880 (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?..... yes

WHAT TEST CONFIRMED DIAGNOSIS?..... autopsy
(Signed)..... H.E. Moore, M. D.
8-22, 1928 (Address) Coroner

*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

Elmwood

DATE OF BURIAL

8-24 1928

20. UNDERTAKER

Elyar Funeral Home

ADDRESS

1800 Elmwood

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.

