

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

DEC 28 1936

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

Do not use this space.

34882-1

1. PLACE OF DEATH

County Laurance
Township York
City Lawrenceburg (No. _____)

Registration District No. 474
Primary Registration District No. 5-638

File No. _____
Registered No. 38 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode) _____ Ward _____

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. (If nonresident, give city or town and State)

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 Susan Conway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-18-1865

7. AGE YEARS 68 MONTHS 8 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

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. labours
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) unknown

FATHER 13. NAME Jeff Conway

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

MOTHER 15. MAIDEN NAME Mary Jane Hays

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

17. INFORMANT (ADDRESS) Mrs. Susan Conway Lawrenceburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunkill DATE 9-18-36

19. UNDERTAKER (ADDRESS) Monroe & Deiman Miller Mo.

20. FILED 10-15 19 20 S. Bunn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

accidental death from a flying piece of gumming stone

Other contributory causes of importance _____

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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 9-17-, 1936

Where did injury occur? Laurance Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury by a piece of flying stone

Nature of injury fracture of left eye & head

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Charles H. McHaffie, M. D.

(Address) Ash Grove, 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.

