

AUG 24 1937

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

Do not use this space.

27395

1. PLACE OF DEATH
County JACKSON Registration District No. 396
Township FT. OSAGE Primary Registration District No. 5552
City SIBLEY about 100ft East of Depot (No. 1) St. _____ Ward _____

2. FULL NAME Mr. Calvin Clark Conley
(a) Residence, No. Sibley Mo. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 26 yrs. X mos. X 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) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known 1850

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 8 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and mechanic
10. Date deceased last worked at this occupation (month and year) 1927 11. Total time (years) spent in this occupation. 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Virginia

13. NAME not known

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

15. MAIDEN NAME not known

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

17. INFORMANT David Brown (ADDRESS) Sibley Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sibley Cem DATE July 25/37

19. UNDERTAKER V. M. Reppert No. 2321 (ADDRESS) Buckner Missouri

20. FILED July 26, 1937 July 26, 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-23 1937

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 1937

I last saw him alive on _____ 1937 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Railroad Traumatism
Crushed right Chest
Fractured 11 Ribs
Fractured 11 Ribs
Other contributory causes of importance:

Shock

Name of operation none Date of _____

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 7-23, 1937

Where did injury occur? 100 feet East Santa Fe Sta Sibley Mo (Specify city or town, county, and State)

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

Santa Fe Tracks - Sibley Mo

Manner of injury Struck by Santa Fe Train

Nature of injury crushed right chest internal injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) H. Honibey M. D.

(Address) Sibley Mo

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.

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