

JUL 14 1939

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

22535
Do not use this space.

1. PLACE OF DEATH
(a) County Lawrence 2 Registration District No. 471
(b) Township Pierces 1 Primary Registration District No. 5634
(c) City _____ (d) Street No. _____ Registered No. 14
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Anna C. Conroy
(a) Residence, No. _____ St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED; OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. P. Conroy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 20, 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 3 1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wkr.
9. Industry or business in which work was done, as saw mill, bank, etc. Cann. Leaf.
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) Dayton 1
13. NAME John Dorman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 1
15. MAIDEN NAME Katherine Curley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
17. INFORMANT (ADDRESS) Cecilia Conroy
month, mo
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Lawrence DATE 6-24-39
19. FUNERAL DIRECTOR (ADDRESS) Blankenship's
Monett, Mo.
20. FILED June 25 1939 E. B. Weeks
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1937 to 6-21 1939
I last saw him alive on 6-21 1939. Death is said to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance were as follows:
Cancer of uterus
Other contributory causes of importance: HS
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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? No
If so, specify Ernest Mitchell M. D.
(Signed) Monett Mo.
(Address) 423

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-37 I X12004

RECEIVED

District Health Officer No. 6,

District File Number 739-1444

Date Filed JUL 11 1939

JUL 30 1941

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed L. H. Blankenship

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)