

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

PLACE OF DEATH

County Green  
Township Jackson  
or  
Village  
or  
City (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

96

Registration District No. 322  
Primary Registration District No. 5-447

File No. 1197  
Registered No. 3

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Sirena Conley

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) single  
DATE OF BIRTH Nov 30, 1841  
(Month) (Day) (Year)  
AGE 69 yrs. 1 mos. 12 ds.  
If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

DATE OF DEATH Jan 12, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb, 1910, to Jan 12, 1911, that I last saw her alive on July 12, 1911, and that death occurred, on the date stated above, at 5:45 p. m.

The CAUSE OF DEATH\* was as follows:  
Bronchial Asthma  
IIA  
III

OCCUPATION (a) Trade, profession, or particular kind of work Home Keeper  
(b) General nature of industry, business, or establishment in which employed (or employer) 9-0

(Duration) 33 yrs. \_\_\_ mos. \_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) Folk Co Mo

Contributory Loggins  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

NAME OF FATHER Alford C. Conley

(Signed) W. C. Sumner M. D.  
Jan 14, 1911 (Address) Stafford Mo

BIRTHPLACE OF FATHER (City or town, State or foreign country) N.C.

MAIDEN NAME OF MOTHER Mary Ann Bird

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Indiana

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. in the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. R. Conley

PLACE OF BURIAL OR REMOVAL Elem Spg. Cemetery DATE OF BURIAL Jan 13, 1911

(ADDRESS) Springfield

UNDERTAKER Master & Schreyer ADDRESS 308 E. Conley

Filed 1-16- 1911 W. C. Albright REGISTRAR

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.

W. E. Albrecht,  
Fair View, Mo.