

WRITE PARENTS' NAMES 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.

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

PLACE OF DEATH  
County Lawrence  
Township Red Oak  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 1064  
Primary Registration District No. 5631

File No. 21000  
Registered No. 7

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

FULL NAME Yvona Maxine Conway

PERSONAL AND STATISTICAL PARTICULARS

BEX female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single  
(Write the word)

DATE OF BIRTH Sept 17, 1919  
(Month) (Day) (Year)

AGE 1 yrs. 11 mos. 6 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

BIRTHPLACE Red Oak MO  
(City or town, State or foreign country)

PARENTS  
NAME OF FATHER George W Conway  
BIRTHPLACE OF FATHER MO  
(City or town, State or foreign country)  
MAIDEN NAME OF MOTHER Ida May Pagan  
BIRTHPLACE OF MOTHER Ark.  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Geo Conway

(ADDRESS) Red Oak MO

Filed Aug 25, 1921 Wm Weber  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23, 1921  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 19, 1921, to Aug 23, 1921, that I last saw her alive on Aug 23, 1921, and that death occurred, on the date stated above, at 3:00 p. m. The CAUSE OF DEATH\* was as follows:

Meningitis (Cerebro-spinal)  
(Duration) yrs. \_\_\_ mos. 3 ds.  
Contributory Acute Intestinal Infection  
(SECONDARY) (Duration) yrs. \_\_\_ mos. 6 ds.  
(Signed) D. A. Cordonnier M. D.  
Aug 23 1921 (Address) Avilla MO

\*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 \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Summit Cem DATE OF BURIAL Aug 27, 1921  
UNDERTAKER J. P. Arthur ADDRESS Red Oak MO

# Revised United States Standard Certificate of Death

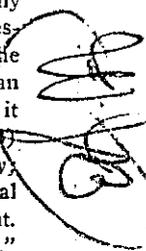
Approved by U. S. Census and American Public Health Association]

INFORM

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of sex. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the name of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (a) *Foreman*, (b) *Automobile factory*. The material furnished on this line may form part of the second statement of cause of death, e. g., return "Laborer," "Foreman," "Manager," "Clerk," etc., without more precise specification, as *laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. For persons at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housemaid*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to re- specify the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given in an account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*, *Carcinoma, Sar-*

coma, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



MONTHS  
AND  
DAY

ALL

HUGH STEPHEN, JEFFERSON CITY.

WIDOWED, OF	BIRTH (MONTH YEARS	PROFESSION, AS OF DEATH	PLACE OF BIRTH (CITY OR COUNTRY)	PLACE OF DEATH (CITY OR COUNTRY)	NAME OF DECEASED	AGE OF DECEASED AT DEATH	SEX	ALL
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