27 1927

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

Do not use this space.

18166

1. PLACE OF DEATH

County Ethel Karman — Registration District No. 398 — File No.

Township Blue — Primary Registration District No. 5554 — Registered No. 170

City ~~St Joseph, Mo.~~ (Drown there.) St. Ward)

2. FULL NAME Frank Conway

(a) Residence. No. St Joseph, Mo. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Conway

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept About 1905

7. AGE: Years 21 — Months — Days — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Taxi Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Taxey Driver
(c) Name of employer: Forr Yellow Cab Co.

9. BIRTHPLACE (CITY OR TOWN): St Joseph
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: John Conway
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Dont know
(STATE OR COUNTRY): Dont know
12. MAIDEN NAME OF MOTHER: Bottie Paynter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Omaha
(STATE OR COUNTRY): Nebraska

14. INFORMANT: Ethel Karman
(Address) 2514 Belfontain Av. K.C. Mo.

15. June 25, 1927 — F. S. Cook, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 23 1927

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19, to, 19, that I last saw h alive on, 19, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Drowning in Missouri River found at Cement City (duration) yrs. mos. ds.

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CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Chas S Nelson, M. D

6-23, 1927 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Joseph, Mo. — DATE OF BURIAL: June 25th, 1927

20. UNDERTAKER: C. V. Carsonson by R. N. Leroy — ADDRESS: Independence, 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.

cated by check marks, lacking from the death certificate:

Name: Frank Conway

He died at: Blue Springs Jackson Co. Mo. June 23 1927

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

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CAUSE OF DEATH: Drowning in Mo. River.
Supposed to be Suicide

Contributory: Found at ~~Central~~ Cement City
There was no Positive Evidence, except that he was despondent

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

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

Name of physician: F. L. Cook Local Registrar

Address of physician: Independence Mo.

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