

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

Do not use this space.

38193

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis, Mo. (No. Frisco Hosp) St. _____ Ward _____
 Registered No. 10834

2. FULL NAME

(a) Residence. No. _____ St. 19 Ward. Snyder Okla.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 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 Mrs. Jamie Conley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 24 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 7 8

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Fireman
 (b) General nature of industry, business, or establishment in which employed (or employer) Frisco R.R.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Texas
 (STATE OR COUNTRY)

10. NAME OF FATHER Hugh Conley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N.Y.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Funk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Jamie Conley
 (Address) Snyder Okla.

15. FILED DEC - 3 1927 Max B. Starkeff
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 2, 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1927 to Dec 2, 1927
 that I last saw him alive on Dec 6, 1927 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
1121
1121
 (duration) yrs. 3 mos. ds.

CONTRIBUTORY Septic Chronic
 (SECONDARY)
 (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1224 W
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) P. Larroque M. D.
Dec 2, 1927 (Address) 9960 Loclede

*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 Snyder Okla. DATE OF BURIAL 12/3 1927

20. UNDERTAKER Mullen and Co ADDRESS 576 S Delmar Rd

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.

