APR 23 1931

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

Do not use this space.

1311 3 M

1. PLACE OF DEATH
County Howell
Township
City West Plains Mo (No. ..... St. ..... Ward)

Registration District No. 384
Primary Registration District No. 4777

File No. 51
Registered No.

2. FULL NAME MissEvelyn Conkin

(a) Residence. No. ..... St., ... Ward.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont know.

7. AGE: About 22 Years | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home girl. 180
(b) General nature of industry, business, or establishment in which employed (or employer) ok P.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ozark Co. Mo

PARENTS

10. NAME OF FATHER Conkin
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ozark Co. Mo
12. MAIDEN NAME OF MOTHER Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont Know.

14. INFORMANT None
(Address)

15. FILED 3-31-1931 O. A. Heinrich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-13-1938

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw b..... alive on ....., 19...., and that death occurred, on the date stated above, at 11:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Explosion and Fire from unknown Cause
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 178
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) T. R. Burns - Coroner, M.D.
4-14, 1938 (Address) Willow Springs, Mo.

*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: Oak Lawn Cem
DATE OF BURIAL: 4-15-1938

20. UNDERTAKER: Geo. Stapp.
ADDRESS: West Plains, Mo.