

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

Do not use this space.

File No. 14048
Registered No. 111
St. 4 Ward

1928
1. PLACE OF DEATH

County Maxim Registration District No. 547
Township Sharon Primary Registration District No. 3039
City Hannibal (No. 718)

2. FULL NAME

Edward P. Conroy
(a) Residence. No. 718 St. 4 Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Bridget Conroy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 19, 1848

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
82 3 30

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

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

10. NAME OF FATHER John Conroy

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

12. MAIDEN NAME OF MOTHER Ella Conroy

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

14. INFORMANT (Address) Mr. Peter Kennedy
Hannibal, Mo.

15. FILED 4/23, 1928 C. E. Strade REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-18-1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 13, 1928 to Apr. 18, 1928
that I last saw him alive on Apr. 18, 1928, and that death occurred, on the date stated above, at 9:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
Influenza
CONTRIBUTOR (SECONDARY) Influenza
(duration) yrs. mos. 5 da.
(duration) yrs. mos. 7 da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS General symptoms
(Signed) A. L. Shanks, M. D.
, 19 (Address) Hannibal, 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 St. Marys Cem. DATE OF BURIAL 4-19-28

20. UNDERTAKER James O'Donnell ADDRESS Hannibal, Mo.

WRITE PLAINLY, 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.

JUN

