8 1929

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

Do not use this space.

37948

1. PLACE OF DEATH

County St Charles Registration District No. 756

Township Portage des Sioux Primary Registration District No. 5997

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Viola Conoyer

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8 - 1926

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	2	6	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) West Alton
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Conoyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Charles County
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Elgea Gust

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Portage des Sioux
(STATE OR COUNTRY) Mo

14. INFORMANT John Conoyer
(Address) West Alton Mo

15. FILED Nov 20, 1928 C A Barnard, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1929, to Nov 16, 1929 that I last saw her alive on Nov 16, 1929, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

109 Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 101a

(duration) ..... yrs. ..... mos. ..... ds.

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

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C A Barnard, M. D

, 19 (Address) Portage des Sioux

*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	DATE OF BURIAL
St Francis Cemetery	Nov 19 1928
20. UNDERTAKER	**ADDRESS**
H L Allmeyer & Sons Co	St Charles 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.