

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

Do not use this space.

22611

91. PLACE OF DEATH
County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6030
City Robertson Mo. (No. → Woodland Ave. St. Ward)

2. FULL NAME Bertie Conley
(a) Residence, No. Woodland Ave. City Ward (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Cold 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Major Conley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 36 MONTHS DAYS If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 2335
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Alamo (STATE OR COUNTRY) Tenn.

13. NAME Henry Hathaway

14. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY)

15. MAIDEN NAME Mary Evarro

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Mary Evarro (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 7-5 1933

19. UNDERTAKER J. Lewis (ADDRESS)

20. FILED 7/4 1933 W. J. K... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-1931

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .
I last saw h... alive on , 19 . Death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
930
Date of onset

Other contributory causes of importance:

Name of operation Med. hist. Date of
When first confirmed diagnosis Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John D. G... M. D.
(Address)

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.

JUL 28 1931

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