

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.

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

Do not use this space.

29822

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City St. Louis (No. St. Marys Infirmary) St. _____ Ward _____

File No. 8866

2. FULL NAME

James Conway
(a) Residence, No. 5523 Pennsylvania St. 15 Ward.

(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 <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mate Conway</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 25 1866</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>7</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Private Watchman</u>	
	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) (STATE OR COUNTRY) <u>St Louis Mo</u>		
FATHER	13. NAME <u>James Conway</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Elyza Coughlan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Nob Conway 5211 Washington A</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u>	DATE <u>Aug. 19 1931</u>	
19. UNDERTAKER (ADDRESS) <u>Cullinan Bros. 1712 N. Grand St. St. Louis</u>		
20. FILED <u>6 19 1931</u>	<u>Max C. Harker</u> Registrar	

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1931, to Aug 17, 1931.
I last saw him alive on Aug 17, 1931. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Intestinal Pyelitis. Date of onset 9
181
189
187

Other contributory causes of importance:
Chronic Myocarditis.

Name of operation none Date of _____
What test confirmed diagnosis? Lab. & Physic. Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify _____
(Signed) P. D. B. Leathern, M. D.
(Address) 1536 Poplar St. St. Louis, Mo.

3115
10-11 am
2-3 pm
7-8 pm