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.

JAN 19 1932

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

Do not use this space.
40221
40131

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 1266

Township — Primary Registration District No. 1001 — Registered No.

City St Joseph (No. 1405 Pacific street St. Ward)

2. FULL NAME Daniel D Conway

(a) Residence, No. 1405 Pacific street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Mary Elizabeth Conway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 28, 1854

7. AGE: YEARS 77 — MONTHS 9 — DAYS 20 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Flagman-retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C.B.& Q R.R.Co.
10. Date deceased last worked at this occupation (month and year): 1921
11. Total time (years) spent in this occupation: unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Limerick Ireland

FATHER

13. NAME: Daniel Conway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Ireland~~ Unknown Ireland

MOTHER

15. MAIDEN NAME: Katherine Dempsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT (ADDRESS): Mary Conway 1405 Pacific st St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Olivet Cemetery
PLACE St Joseph Mo. DATE Dec. 21, 1931

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union st St Joseph Mo.

20. FILED 12-19-31, 19 John R. Benderick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1931, to Dec. 17, 1931.
I last saw him alive on Dec. 17, 1931. Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia (secondary)	2 mon
5 2	
7 18	
5 2	
Other contributory causes of importance: Carcinoma of rt side of face	6 mon.
	✓

Name of operation: none — Date of
What test confirmed diagnosis? History — 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? no
If so, specify
(Signed) Frank H. Hartigan, M. D.
(Address) Kirkpatrick Bldg