

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

Do not use this space.

17350

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 790  
 2 Township Central Primary Registration District No. 613B  
 7 City St. Clayton (No. St. Louis County Hosp.)

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lois Conley  
 (a) Residence, No. 2152 1/2 Keyes ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late Charles Conley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1852</u>		
7. AGE YEARS <u>about 80</u>	MONTHS —	DAYS —
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2101</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>82</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tiptonville Tenn 2</u>		
MOTHER / FATHER	13. NAME <u>Pompeh Tipton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT <u>James Conley</u> (ADDRESS) <u>2152 1/2 Keyes ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stoutland Mo</u> DATE <u>5-26-32</u>		
19. UNDERTAKER <u>Thieshauser Mortuaries</u> (ADDRESS) <u>4225 So. Birch Highway</u>		
20. FILED <u>May 25 1932</u> <u>R. W. Jallera</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24-32

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:  
Riding as passenger in a  
motor automobile which  
crashed on embankment  
along a public highway  
under construction 7/24/32

Other contributory causes of importance:  
Drinking L. S. S. 7/24/32  
Central Highway 219

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 5/21, 1932  
 Where did injury occur? Evards Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Public Place  
 Manner of injury Automobile accident  
 Nature of injury Central Highway

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) John O. Howell M. D.  
 (Address) Former St. Louis Parish

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.

