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.

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

Do not use this space.

24412

791
1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6538

City St. Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Annie Conley

(a) Residence, No. 4335 Cottage St. 1 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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct-20-1907

7. AGE: YEARS 24 | MONTHS 8 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 234

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): Kentucky 2

FATHER

13. NAME: Luther Smith 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER

15. MAIDEN NAME: Gregory

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

17. INFORMANT (ADDRESS): Herbert Conley 4335 Cottage

18. BURIAL, CREMATION, OR REMOVAL

PLACE Erlington Ky DATE 7/17 1932

19. UNDERTAKER (ADDRESS): A. Russell Lund Co 2732 Pine St

20. FILED 11 16 1932 19 Max C. Parker Registrar 7/16/32

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15, 1932

22. I HEREBY CERTIFY: That I attended deceased from No Physician in Attendance, 19..., to ....., 19...

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

Constant 147
147 Vomiting
143B

Date of onset

Other contributory causes of importance:

Ingnance (3)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) J. W. Kerner, M. D.

(Address) Dep. Coroner