

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

Do not use this space.

36241

378

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**1. PLACE OF DEATH**

County Lawrence  
Township Lawrence  
City Lawrence (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 467  
Primary Registration District No. 4280

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 704 So Harrison St. 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 <u>Female</u>	4. COLOR OR RACE <u>wh</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>Wm Conley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 18 - 1867</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>10</u>
	DAYS <u>0</u>	11. Total time (years) spent in this occupation
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>235</u>	
	10. Date deceased last worked at this occupation (month and year)	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1932, to Nov 17, 1932

I last saw h. lx alive on Nov 17, 1932. Death is said to have occurred on the date stated above, at 5-15<sup>p</sup> m.

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

Lobar pneumonia Nov 11/32

Other contributory causes of importance:  
none

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill 2</u>
	13. NAME <u>Oaton</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>
	15. MAIDEN NAME <u>Inkerson</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>
	17. INFORMANT (ADDRESS) <u>Nazel Raines Lawrence, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Park</u> DATE <u>Nov-18</u> , 19 <u>32</u>	
19. UNDERTAKER (ADDRESS) <u>King Funeral Home Lawrence, Mo</u>	
20. FILED _____ 19 _____ Registrar.	

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? \_\_\_\_\_

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) J. H. Smith, M. D.  
(Address) Lawrence Mo

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.





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