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.

37344

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 9978

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

2. FULL NAME James Conley

(a) Residence, No. 2942 Lawton St., 11 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Cold	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not Known

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
Abt.	37	—	—	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel 316

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) Tennessee 2

FATHER

13. NAME Henry Conley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Callie Bradshaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Arzalia C. Williams 2942 Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 11-12-32, 19

19. UNDERTAKER (ADDRESS) J. H. Harrison 2906 Lawton

20. FILED NOV 12 1932, 19 Max C. Starkloff Registrar. 11/10/32

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1932

22. No Physician in attendance 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 12 35 a m.

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

175 B

Shock & Injuries (Fractured Skull), received when struck on head with fish, causing him to fall and strike head on iron pipe in St. Louis Mo.

Other contributory causes of importance:

Homicide

Date of onset

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? Homicide Date of injury 11/5, 1932

Where did injury occur? St. Louis, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In Home

Manner of injury Struck on head with fish

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Kemer, ~~M. D.~~

(Address) Deputy Coroner