

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

Do not use this space.

37395

**1. PLACE OF DEATH**

County..... Registration District No.....  
 Township..... Primary Registration District No.....  
 City St. Louis, Mo. (No. U. S. Marine Hosp.) St. 24 Ward Fort Smith, Ark.  
 Registered No. 10042 (If nonresident, give city or town and State)  
 St. .... Ward)

**2. FULL NAME** James A. Conway

(a) Residence, No. U. S. Marine Hosp. St. 24 Ward. Fort Smith, Ark.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 5 mos. 25 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 - 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
55 7 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer #3  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Government  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) 2

FATHER 13. NAME Michael Conway

14. BIRTHPLACE (CITY OR TOWN) New York, N.Y. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lexina McKay

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

17. INFORMANT W. J. Johnson (ADDRESS) U. S. Marine Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem. DATE Nov. 16 - 1932

19. UNDERTAKER John Johnson (ADDRESS) U. S. Marine Hosp.

20. FILED NOV 14 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1932 to Nov. 12, 1932

I last saw him alive on Nov. 12, 1932, 19..... Death is said

to have occurred on the date stated above, at 4:45 a.m.

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

Tuberculosis, Pul. Chronic Bilat. mod. advanced Date of onset May 1932

Other contributory causes of importance: (D)

Name of operation..... Date of.....  
 What test confirmed diagnosis? Clinical & Lab. 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?.....  
 If so, specify.....

(Signed) J. J. Johnson, M. D.  
 (Address) U. S. Marine Hosp.

Outbid. Ref. rather, W. J. Johnson

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.

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