

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

EB 23 1933

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.

127

1. PLACE OF DEATH
 5 County Barry Registration District No. 992
 Township Osark Primary Registration District No. 5047
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME James Calvin Conley
 (a) Residence, No. _____ 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 male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 07-1883

7. AGE YEARS 49 MONTHS 8 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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) Ill

FATHER
 13. NAME Jim Conley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ia

MOTHER
 15. MAIDEN NAME Nancy Ann Patton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Mrs. Hudora Conley
Barra mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Clear Cemetery DATE 1/6 1933

19. UNDERTAKER (ADDRESS) King Funeral Home
Barra mo

20. FILED Jan. 9, 1933 J. Forbes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1933

22. I HEREBY CERTIFY That I attended deceased from Jan. 1 1933, to Jan. 5 1933
 I last saw him alive on Jan 4 1933. Death is said to have occurred on the date stated above, at 12:5 P.M.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset Jan 4
influenza
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? No
 If so, specify _____
 (Signed) Thomas D. Miller, M. D.
 (Address) Barra mo

