

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

Do not use this space.

8313

**1. PLACE OF DEATH**

110 County Washington Registration District No. 887  
Township Bretton Primary Registration District No. 6179  
City (No. St. Ward)

File No. \_\_\_\_\_  
Registered No. 14

**2. FULL NAME**

Bobby Harold Conway  
(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-11-1933  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
4

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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) This Co.

FATHER  
13. NAME James S. Conway  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi, Mo.

MOTHER  
15. MAIDEN NAME Mabel Meeks  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granddahl, Mo.

17. INFORMANT (ADDRESS) James S. Conway, Potosi, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi, Mo. DATE 2-16-1933

19. UNDERTAKER (ADDRESS) Bayer & Son, Potosi, Mo.

20. FILED 2-15-1933 Jos. L. Thurman Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15-1933

22. I HEREBY CERTIFY, That I attended deceased from no physician, 19\_\_\_\_  
I last saw him alive on never, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5:30 A.M.

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

atalectasis  
15111  
161A

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? If so, specify \_\_\_\_\_

(Signed) Jos. L. Thurman M. D.  
(Address) Potosi, Mo.

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.

31 1933

The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1948, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover  
 Mr. E. A. Tamm  
 Mr. Clegg  
 Mr. Glavin  
 Mr. Ladd  
 Mr. Nichols  
 Mr. Rosen  
 Mr. Tracy  
 Mr. Carson  
 Mr. Egan  
 Mr. Gurnea  
 Mr. Hendon  
 Mr. Pennington  
 Mr. Quinn  
 Mr. Nease  
 Mr. Gandy

The undersigned, J. Edgar Hoover, Director of the Federal Bureau of Investigation, hereby certifies that the above is a true and correct list of the persons who were present at the meeting held on the 15th day of August, 1948, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

J. Edgar Hoover  
 Director