

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

Do not use this space.

27945

1. PLACE OF DEATH Barne Hospital  
 County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1013  
 City St. Louis, Mo. (No. ....) St. .... Ward)  
 2. FULL NAME Harry Joseph Conley  
 (a) Residence, No. 3225 Montgomery St. 20 Ward. (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (Write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 27 - 1877  
 7. AGE YEARS 56 MONTHS 2 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. Druggist  
 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) St. Louis, Mo.  
 MOTHER FATHER 13. NAME Thomas A. Conley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York  
 15. MAIDEN NAME Ellen Lawler  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis  
 17. INFORMANT Ellen L. Conley (ADDRESS) 3225 Montgomery  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem. DATE Aug - 14 1933  
 19. UNDERTAKER Pullman Bros. (ADDRESS) 10710 N. Grand Blvd.  
 20. FILED 11 1933 J. Brebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 12 1933  
 22. I HEREBY CERTIFY, That I attended deceased from 8 - 8 1933, to 8 - 12 1933  
 I last saw h. a. m. alive on 8 - 12 1933 Death is said to have occurred on the date stated above, at 11:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Brain tumor, benign Date of onset \_\_\_\_\_  
570  
813  
107A 540  
 Other contributory causes of importance:  
Bronchial pneumonia  
Cardiac failure  
Cerebral craniotomy with  
 Name of operation excision of brain tumor (Date of 8-10-33)  
 What test confirmed diagnosis? Operation Was there an autopsy? yes  
 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. \_\_\_\_\_ disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) James E. Pittman, M. D.  
 (Address) Barne Hospital

WHITE PAPER, 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.

SEP 26 1933

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