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

Do not use this space.

85

35706

File No. 1085

Registered No.

1. PLACE OF DEATH

County: Buchanan

Registration District No.

Township

Primary Registration District No. 1001

City: St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME: Anna L. Conyers

(a) Residence, No. 2635 State St. 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.

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.

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

MARGIN RESERVED FOR BINDING

JAN 3 1934

11 5 9 1 31 32

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: D.F. Conyers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 3, 1867

7. AGE: Years 66 Months 3 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.

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): Helena, Mo.

FATHER

13. NAME: L.D. Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER

15. MAIDEN NAME: Recepta Knight

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): D.F. Conyers 2635 State St.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Mora Cemetery DATE: Nov. 8, 1933, 19

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED: NOV 8 1933 John R. Binder Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 6, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from 1929, 19, to Nov. 6, 1933

I last saw her alive on Nov. 5, 1933. Death is said to have occurred on the date stated above, at 10.15 A.M.

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

	Date of onset
Mitral Stenosis of Heart - with Pancreatitis Fibrillation & Congestive Decompensation	1929 1926 1 yr 8.5
Other contributory causes of importance: Hypertension - arterio sclerosis general Epilepsy Thrombosis	1926

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? none (Specify city or town, county, and State)

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

Manner of injury: none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. G. Thompson, M. D.

(Address) 9th & Charles Sts. St. Joseph, Mo.