

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township Primary Registration District No. 1001
 City St. Joseph (No. 619 E. Colorado Ave.) St. Ward)

File No. 7856
 Registered No. 261

2. FULL NAME

Joan Marie Conley
 (a) Residence, No. 619 E. Colorado Ave. 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 Female 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
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 8 7

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 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) St. Joseph
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME Charles F. Conley

14. BIRTHPLACE (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Jennie Pearl Thomas

16. BIRTHPLACE (CITY OR TOWN) Des Moines
 (STATE OR COUNTRY) Iowa

17. INFORMANT C. F. Conley
 (ADDRESS) 619 E. Colorado Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park Cemetery March 5, 19. 34

19. UNDERTAKER Fred Clark
 (ADDRESS) 5225 King Avenue

20. FILED 3-1 19. 34 John R. Bender
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-2-34, 19... to 3-3-34, 19...
 I last saw her alive on 3-3-34. Death is said to have occurred on the date stated above, at 1038 A.M.
 The principal cause of death and related causes of importance were as follows:

Bronchial Diphtheria Date of onset 2-27-34
10

Other contributory causes of importance:
none

Name of operation Date of
 What test confirmed diagnosis? Diphtheria 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) John R. Bender M. D.

(Address) St. Joseph Mo

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

