

**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. 8
 Township St. Joseph Primary Registration District No. 10
 City St. Joseph (No. Missouri Methodist Hospital) St. Ward

File No. 7967
 Registered No. 377

2. FULL NAME

Jackson Price Conley

(a) Residence, No. 717 Robidoux 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 10 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 (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luella Conley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
72 7 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
 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) 1933 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Mo.

FATHER 13. NAME Benjamin Conley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Mo.

MOTHER 15. MAIDEN NAME Mary Woods
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Luella Conley
 (ADDRESS) 717 Robidoux St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia, Missouri DATE Mar. 30, 1934

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

20. FILED 3-28-1934 John R. Bender
 Registrar

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to Mar 27, 1934
 I last saw him alive on Mar 27, 1934 Death is said to have occurred on the date stated above, at 10.30 P.M.

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

Sepsis following ulcers
of pelvic bones
caused by carcinoma
of pelvis
 Other contributory causes of importance:
Cardiac with metastases
to pelvic bones

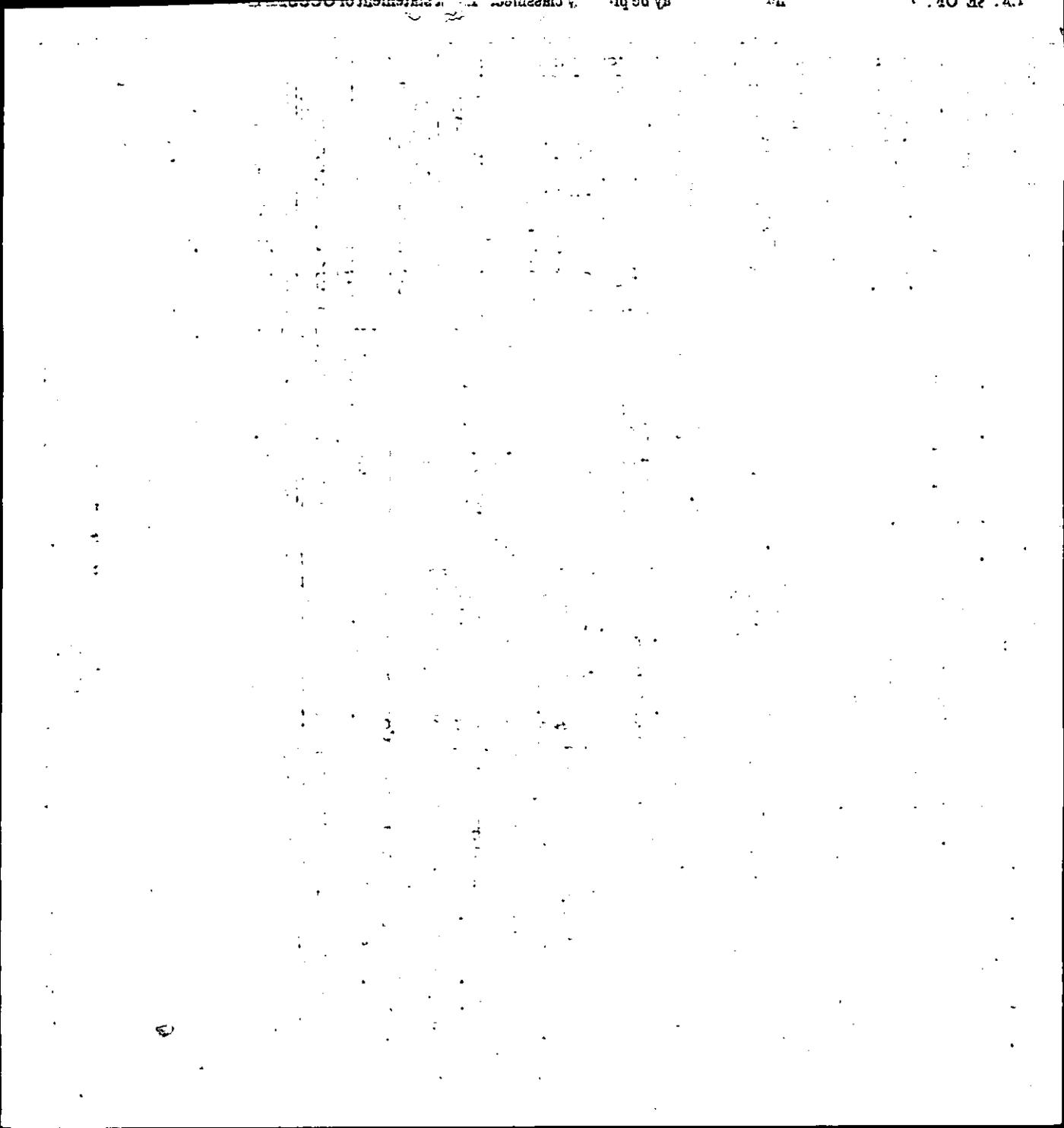
Date of onset Feb 10/34
59
37
37
 About 1 yr ago

Name of operation None Date of
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (fire, 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 Career a Guard
 (Signed) , M. D.
 (Address) Tootle Bldg. St. Joseph, Mo.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Suehanon Registration District No. _____ File No. _____
 Township St Joseph Primary Registration District No. _____ Registered No. 377
 City St Joseph (No. Missouri Meth Hosp) St. _____ Ward _____

2. FULL NAME

(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) m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) _____

FATHER 13. NAME _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED MAY 2 1934 John B. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Supers follicular cysts over pelvic bones caused by chondrosarcoma of pelvis (Pelvic region) malignant chondrosarcoma with metastasis to pelvic bones.
 Date of onset _____
 Other contributory causes of importance: malignant

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) _____, M. D.
 (Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AND REVIEWED

S-7967