

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

Do not use this space.

19045

1. PLACE OF DEATH

County St. Louis
 Township Carondelet
 City Jefferson Barracks, Mo., Station Hospital

Registration District No. 1123
 Primary Registration District No. 6248B

File No. _____
 Registered No. 142
 St. _____ Ward)

2. FULL NAME Robert E. Conklin

(a) Residence, No. Company A, 6th Infantry Ward. _____
 (Usual place of abode) Jefferson Barracks, Mo. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DEC 11 - 1878</u>			
7. AGE YEARS <u>55</u>	MONTHS <u>4</u>	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Soldier</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>U. S. Army</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) McCook
 (STATE OR COUNTRY) Nebraska

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Charles A. Conklin
 (ADDRESS) Sheller, Ill.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ignatius DATE 5-3 1934

19. UNDERTAKER C. J. Finerster
 (ADDRESS) 78-14 S. Broadway

20. FILED 5-3 1934 D. H. Tate M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Patient was found dead upon examination. I last saw him alive on _____ about 19 _____ Death is said to have occurred on the date stated above, at 12:00 PM

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

Fracture, complete, 3rd and 4th cervical vertebrae with crushing injury to spinal cord at level of 4th cervical vertebra. Date of onset _____

Other contributory causes of importance: Fracture of 2, 3, 4, 5 and 6th ribs right side with penetrating wound right lung.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5/2/ 1934
 Where did injury occur? Jefferson Barracks, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
U.S. Military Reservation
 Manner of injury Automobile accident
 Nature of injury Broken neck.

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) T. H. Reagan, Major, M.C., M.D.
 (Address) Jefferson Barracks, Mo.

JUN 26 1934

St Louis Co

DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

BUREAU OF THE CENSUS

WASHINGTON

19045

143

Jefferson Bks

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Robert E. Conklyn
 Who died at _____ on May 2 - 1934
 Residence: No. _____ St. _____
 (If nonresident, city or town)
 Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
 Sex: M Color or race W Single, married, widowed or divorced: _____
 Date of birth: _____ Age: Years 55 Months 4 Days 21
 Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year 1934
 Birthplace (State or country) _____
 Birthplace of father (State or country) _____
 Birthplace of mother (State or country) _____
 Principal cause of death: auto accident
Auto ran into a tree when the driver was making a curve in the road
 Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where ~~was~~ injury occurred? _____
 (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 _____
 Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 Name of physician _____
 Address of physician _____
 Signature of Registrar E. T. McGaugh M.D.

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 1123

Very truly yours,
E. T. McGaugh M.D.
E. T. McGaugh M.D.
S. A.

Primary Reg. Dist. No. 6248 B

Special Agent.