

MAY 25 1934

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

Do not use this space.

19177

## 1. PLACE OF DEATH

County Scott  
Township Richland  
City Sikeston (No. \_\_\_\_\_)

Registration District No. 821  
Primary Registration District No. 6070

File No. 57  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Henry Conroy, Jr. St. Kathleen Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

|   |   |   |
|---|---|---|
| 3. SEX<br><u>M</u>  | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED<br>(write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Single</u> |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Oct. 18 1924</u>                |   |   |
| 7. AGE  | YEARS<br><u>9</u>   | MONTHS<br><u>6</u>  |
|   | DAYS<br><u>17</u>   | If LESS than 1 day, _____ hrs. or _____ min.                                  |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>at home</u> |   |
|   | 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   |   |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 193422. I HEREBY CERTIFY, That I attended deceased from April 21 1934, to May 5 1934I last saw him alive on May 5 1934. Death is saidto have occurred on the date stated above, at 12 m.

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

Acute Diffuse  
neuropathic

Date of onset

May 21/34

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis clinical 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) Howard M. Hendry, M. D.(Address) Sikeston - Mo

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Sikeston Mo

## 13. NAME

Henry Conroy

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

Metropolis Ill.

## 15. MAIDEN NAME

Ida Lee Doff

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

Preston Ky

## 17. INFORMANT (ADDRESS)

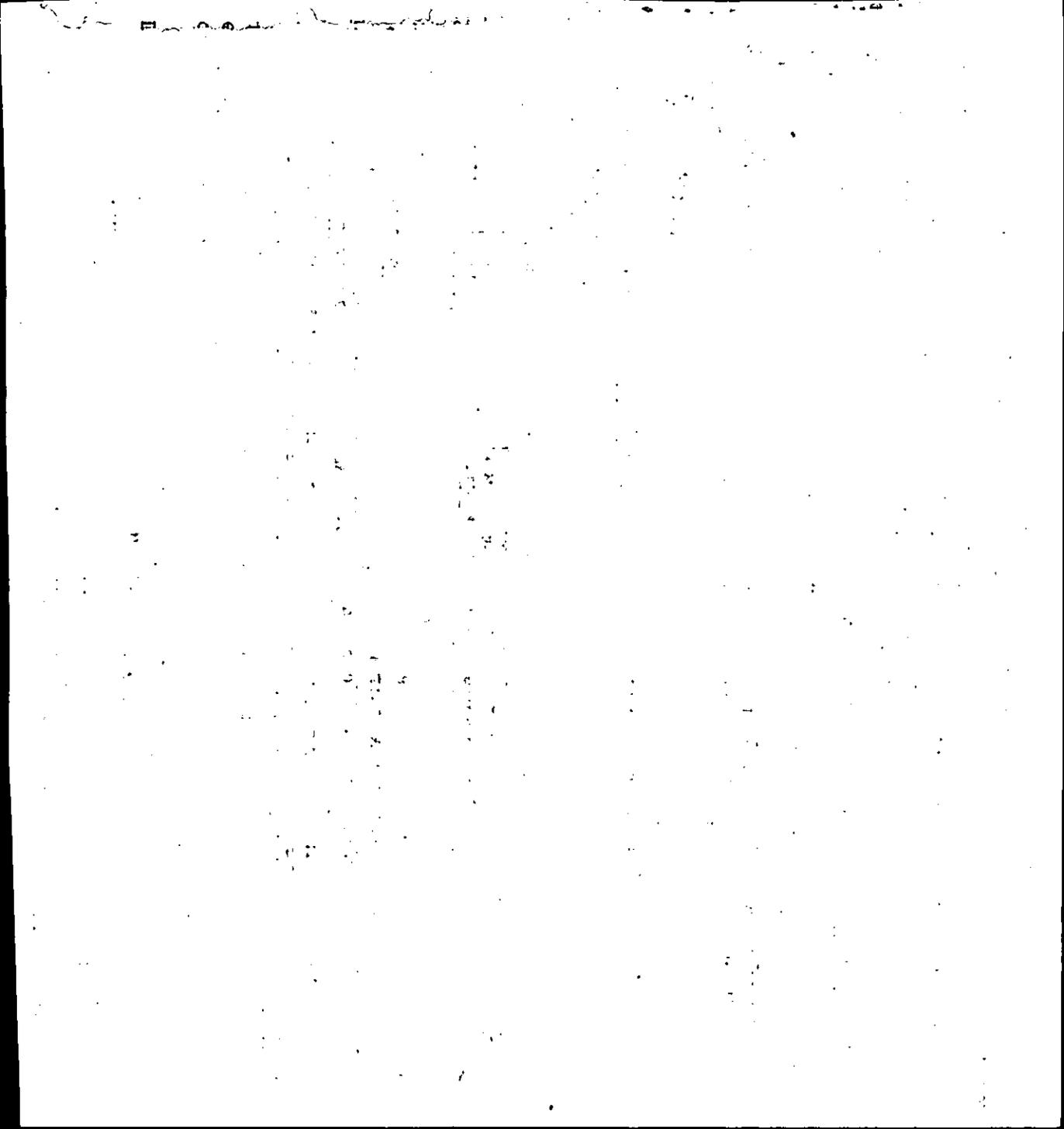
Henry Conroy Sikeston Mo.

## 18. BURIAL, CREMATION, OR REMOVAL (PLACE) (DATE)

Removal to Sikeston Mo. May 6 1934

## 19. UNDERTAKER (ADDRESS)

Frank Lee Funeral Home Charleston Mo20. FILED 579 19 4 W. S. Serris Registrar.



19177

WASHINGTON

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*Seatt*

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: Henry Corner Jr  
Who died at \_\_\_\_\_ on May 5 - 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 9 Months 6 Days 17

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 \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: ac diffuse nephritis, following measles

Other contributory causes of importance Measles

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 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 \_\_\_\_\_

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. J. Presnell

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. 821 Very truly yours,

Primary Reg. Dist. No. 6070 E. J. Mc Gaugh M.D.  
E. J.

Special Agent.