

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

Do not use this space.

NOV 14 1934

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124
 Township Byrd Primary Registration District No. 5179
 City _____ (No. _____) St. _____ Ward _____

File No. 35403
 Registered No. 43

2. FULL NAME

Conway Medley
 (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 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) May 15, 1883

7. AGE YEARS MONTHS D&S If LESS than 1 day, hrs. or min.
51 5 9

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) New Jackson (STATE OR COUNTRY) Mo.

13. NAME Charles P. Medley

14. BIRTHPLACE (CITY OR TOWN) Marion Co. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Amie G. Welling

16. BIRTHPLACE (CITY OR TOWN) Jackson (STATE OR COUNTRY) Mo.

17. INFORMANT Robert Medley (ADDRESS) Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Oct 26, 1934

19. UNDERTAKER Grayson Miller (ADDRESS) Jackson Mo.

20. FILED 10625 1934 D. G. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1932, to Oct 24, 1934.
 I last saw him alive on Oct 11, 1934. Death is said to have occurred on the date stated above, at 12:20 a.m.

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

Pulmonary tuberculosis Date of onset
Pulmonary hemorrhage
fracture the femur
cause of death -

Other contributory causes of importance
23A
23B

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? No.
 If so, specify _____
 (Signed) Edward W. Hays, M. D.
 (Address) Jackson, 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.

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