WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 17 1934

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

Do not use this space.

39745

1. PLACE OF DEATH
County: Jasper
Township: Marion
City: (No. , St. Ward)

Registration District No. 408
Primary Registration District No. 55162

File No.
Registered No.

2. FULL NAME: Ezra Frost Conway.
(a) Residence, No. Carthage R-4 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 65 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: F. M. Conway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 18th 1869

7. AGE: Years 65 Months 3 Days 26 If LESS than 1 day, hrs. or min.

23.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife.
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): Jasper Co Mo.

FATHER
13. NAME: Orville Frost
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fowler Ill

MOTHER
15. MAIDEN NAME: Katherine Norman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quincy Ill

17. INFORMANT (ADDRESS): Mrs Kitty Grimm. Daughter Joplin Mo R-1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Paradise Cemetery DATE: Nov 15th 1934

19. UNDERTAKER (ADDRESS): Ulmer - Drake Carthage Mo.

20. FILED: Nov. 15 1934 J. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 13th 1934

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1934, to Nov 13, 1934

I last saw alive on Nov 12, 1934. Death is said to have occurred on the date stated above, at 4:35 P.m.

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

	Date of onset
Pernicious Anemia	
18 mos	Spring
T.B.	1934
12 Ob	

Other contributory causes of importance:
Diabetes

Name of operation: none Date of
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Lloyd B. Clinton, M. D.
(Address) Carthage Mo