

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.

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

Do not use this space.

DEC 2 1 1934

1. PLACE OF DEATH

County Sullivan
Township
City Milan (No. St. Ward)

Registration District No. 852
Primary Registration District No. 4518

File No. 41685
Registered No.

2. FULL NAME

Thomas Marion McConkey

(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 50 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 Amanda McConkey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1869
7. AGE YEARS 65 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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 COUNTY) Putnam Co., Missouri

13. NAME Charles J. McConkey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Dopple, Ohio

15. MAIDEN NAME Julia Eliza Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galesburg, Ill.

17. INFORMANT Nardy McConkey (ADDRESS) Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Catholic Cem Milan DATE Nov 30, 1934

19. UNDERTAKER C. A. Schoeney (ADDRESS) Milan, Mo.

20. FILED Dec 6, 1934 Geo Hagan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934, to Nov 1, 1934
I last saw him alive on Nov 3, 1934. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tbc
73A
g
115
Date of onset 1934
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? none Was there an autopsy? no

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) Geo Hagan, M. D.
(Address) Milan

