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.

E. Lee Shrader
3720 Washington Jeff 5 100

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

Do not use this space.

24384

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 5755

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. Firmin Desloge Hospital Ward)

2. FULL NAME David McConachie

(a) Residence, No. 1318a College St., NR Ward. East St Louis, Ill.
(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: 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: Mattie McConachie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 28, 1862

7. AGE: YEARS 72 MONTHS 11 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Locomotive Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad Co.
10. Date deceased last worked at this occupation (month and year): July 1932
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry County, Ill

FATHER
13. NAME: John McConachie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

MOTHER
15. MAIDEN NAME: Mary Parkhill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Mattie McConachie 1318a College - E. St L., Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE East St Louis, Ill DATE July 4, 1935

19. UNDERTAKER (ADDRESS): Charles G. Kurrus East St. Louis, Ill.

20. FILED JUL - 5 1935, 19 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1935, to July 3, 1935
I last saw him alive on July 3, 1935. Death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset ?

940

Other contributory causes of importance:

General Arterio Sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? yes

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) E. Lee Shrader M. D.
(Address) 3720 Washington Blvd St. Louis Mo.