

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

Do not use this space.

AUG 22 1935

25322

1. PLACE OF DEATH

County Stoddard Registration District No. 840  
Township Duck Creek Primary Registration District No. 6102  
City Payson (No. ....) St. .... Ward)

File No. ....  
Registered No. 34

2. FULL NAME

(a) Residence, No. Payson Mo St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 27 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) child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17-38

7. AGE YEARS 2 MONTHS 0 DAYS 27 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
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) Payson Mo.

FATHER 13. NAME Glenn Conley

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

MOTHER 15. MAIDEN NAME Glowery Willis

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

17. INFORMANT Fannie Willis  
(ADDRESS) Payson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Payson Hill Cem. no. .... DATE 7/14 35

19. UNDERTAKER Dr. W. J. ... & ... Co.  
(ADDRESS) Payson Mo.

20. FILED 9-15 1935 Theresa B. Hawkes  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1935

22. I HEREBY CERTIFY, that I attended deceased from ... 19... to ... 19...

I last saw h. .... alive on ... 19... Death is said to have occurred on the date stated above, at 9:20 m.

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

Drowning  
1850

Other contributory causes of importance:

Name of operation ... Date of ...  
What test confirmed diagnosis? Exam. Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury July 14 1935

Where did injury occur? Payson Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell in stream  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify Stroke

(Signed) loyd S. Morgan M. D.  
(Address) Advanced 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.

JUN 16 1945