

OCT 28 1935

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

Do not use this space.

30698

1. PLACE OF DEATH St. Louis Co. Registration District No. 789
 County Central Township Monmouth Primary Registration District No. 6033
 City Monmouth (No. 20) Sunset Court. St. 234 Ward

2. FULL NAME Matthew H. Conway Sr.
 (a) Residence, No. 20 Sunset Ct. 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 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 Martha Conway.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2 - 1878

7. AGE YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
<u>56.</u>	<u>10.</u>	<u>10.</u>	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gravel Corp.

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) St. Louis Mo.

MOTHER FATHER

13. NAME Frank Conway.

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

15. MAIDEN NAME Hellie Salvin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Martha Conway. (ADDRESS) 20 Sunset Court

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE Sept. 14. 1935

19. UNDERTAKER Edith E. Ambuster (ADDRESS) 4234 Manchester Ave.

20. FILED 9-14- 1935 H. Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 - 12 1935

22. I HEREBY CERTIFY, That I attended deceased from 9 - 9 1935, to 9 - 12 1935
 I last saw him alive on 9 - 11 1935 Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
Secondary Hemorrhage from growth
Carcinoma of Rectum
 Date of onset

Other contributory causes of importance: NO

Name of operation none 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? none Date of injury none
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify no
 (Signed) M. Stehle, M. D.
 (Address) 2000 E. Grand.

WRITE PEAINLY, 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.

