

FEB 20 1936

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

Do not use this space.

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1. PLACE OF DEATH

County Jackson
Township Flower
City Manassah

Registration District No. 399
Primary Registration District No. 1007
(No. St. Lukes Hospital)

File No. _____
Registered No. 507
St. W.D. Ward

2. FULL NAME

(a) Residence, No. 2626 Walnut 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 Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

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) Buffalo Mo.13. NAME Jacob J. Conroy14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.15. MAIDEN NAME Frances Stewart16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.17. INFORMANT (ADDRESS) J. S. Almond18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Jan 24 193619. UNDERTAKER (ADDRESS) Ceylar Funeral Home20. FILED 1-24 19 36 m. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22 193622. I HEREBY CERTIFY, That I attended deceased from Oct 5 1935 to Jan 22 1936I last saw h. alive on Jan 22 4:5 1936. Death is saidto have occurred on the date stated above, at 2:45 m.

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

Carcinoma of BladderDate of onset 1934

Other contributory causes of importance

Name of operation Radium Date of Oct 10, 1935What test confirmed diagnosis? _____ 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) N. F. Schukla(Address) 1530 Professional BldgH. C. No.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. NECESSARY information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

5559 Crestwood Drive Hi 4287

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