

WRITE PLAINLY, 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.

MAR 18 1936

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

Do not use this space.

5276

1. PLACE OF DEATH

County Dent  
Township Meramec  
City                      (No.                     )

Registration District No. 266  
Primary Registration District No. 5347

File No. 8  
Registered No.                     

2. FULL NAME Mrs Parker Conaway

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
59 5 4

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
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) Dent Co Mo

FATHER  
13. NAME Henry Brockes

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

MOTHER  
15. MAIDEN NAME Sally Maury

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

17. INFORMANT Parker Conaway  
(ADDRESS) Stonehill Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Stonehill Cem DATE 2/19/36 19

19. UNDERTAKER Carl K Spencer  
(ADDRESS) Salem, Mo

20. FILED Feb. 19 1936 W. E. Halls M.D.  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1936

22. I HEREBY CERTIFY, That I attended, deceased from May, 1934 to Feb 16, 1936  
I last saw her alive on Feb 15, 1936 Death is said to have occurred on the date stated above, at 1.20 a.m.  
The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset 1933

131  
Other contributory causes of importance: Chronic nephritis 1932

Name of operation None Date of                       
What test confirmed diagnosis and biopsy Is 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) W. E. Halls M. D.  
(Address) Salem, Missouri

